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ON THE MEANS WHICH ARE PROPER TO RENDER LESS FREQUENT THE CRIME OF POISONING.

In the *Journal de Chimie Médicale* for the present month (published in Paris on Monday last, the 6th of April), we find the following interesting remarks by M. CHEVALLIER on the subject indicated in the above title. The crime of poisoning, and the means of detecting or preventing its commission, have for a long time anxiously occupied the attention of medical men. In France, where the government does not disdain to pay some regard to the public health, the facilities of administering, or, rather, of obtaining possession of, poisonous substances, are very much diminished by a law, most strictly observed, which entails severe punishment on any "apothecary" who sells a poisonous drug without holding an express ordinance of permission signed by a physician. He is even enjoined to keep all such drugs under lock and key, in a separate department of his shop, and is required personally to superintend their delivery. In spite, however, of the salutary precaution, the crime of poisoning is not unfrequent in France, and the subject has, consequently, fixed the attention of numerous scientific men, who have endeavoured to ascertain whether some particular provision may not be made, some legal measure provided, under which wilful poisoning may be rendered more difficult to commit, and its frequency much diminished. In accordance with that object, M. CHEVALLIER has endeavoured by a long statistical investigation to establish,—

1st. What is the number of persons who have been accused of administering poison within a given time.

2nd. What are the deleterious substances which have most commonly been employed by them.

3rd. What are the modes by which they have procured the poison.

4th. What have been the causes instigating the commission of the crime.

5th. What has been the mode of administering the poison.

6th. What has the relative proportion of accused males been to that of accused females.

1st. *The number of persons accused.*

According to a list furnished by the Minister of Justice, it appears that in a period of seven years, from 1824 to 1832, the number of individuals accused of poisoning was 273. Of these, 171 were acquitted, and 102 were condemned.

2nd. *The substances most commonly employed.*

As to the other questions, the author was compelled, in the absence of official documents, to examine the journal exclusively dedicated to law reports, in which, during a similar period of seven years, he found particulars concerning 94 cases of poisoning. An analysis of these shows that,—

In 54 cases the poison was *arsenic.*
In 7 cases it was *verdegris.*
In 5 cases it was *cantharides.*
In 5 cases it was *corrosive sublimate.*
In 4 cases it was *nux vomica.*
In 3 cases it was *fly-powder* (an impure arsenic).
In 2 cases it was *nitric acid.*

The remaining cases comprehend various minerals, such as lead, zinc, &c., opium, emetics, &c., one case under each head.

3rd. *Means employed to obtain the Poison.*

It was impossible to collect any number of authentic particulars under this head, but in many cases the poison was obtained under the pretext of destroying vermin, or formed a part of the material used in the trade of the criminal.

4th. *Causes determining the Crime.*

Of the 94 cases reported by the *Gaz. des Tribunaux*, 83 contain particulars of the cause by which the individual was excited to commit the crime.

In 28 cases it is ascribed to *interest*.
In 24 cases to *licentiousness* (libertinage).
In 15 cases to a *desire of revenge*.
In 10 cases to *jealousy*.
In 6 cases to *mental derangement*.

5th. and 6th. *Mode of administering the Poison.—Sexes accused.*

In seventy-three cases the poison was mixed with the food, as soup, bread, wine, &c., in four with medicines, &c. As to the relation of sexes, in the ninety-four cases alluded to, sixty were males, and thirty-four females: the author says he has examined the tables of crime committed in England without being able to find anything upon this point, which he leaves undecided.

It would appear, from the details of a great many cases, that in many instances the victims have been saved by the bad taste communicated to the food by the poisonous substance; and in several others the colour of the poison has been an avertisement of the danger. These and several other cases show that the facility of poisoning might be diminished, if it were rendered compulsory to colour, or give a flavour to, all poisonous substances which would not be deteriorated by the admixture. This happy idea has been put forward by several persons in France. We find the first mention of it in the "Dictionary of Medical Sciences." About ten years ago, M. BERARD made several experiments on the same subject, and communicated the results to the Minister of Commerce. He proposed to mix ten parts of Prussian blue with one hundred of arsenic. The commission appointed to examine this project decided that although calculated to prevent poisoning by accident, it would not completely oppose criminal attempts. In 1823 the *Royal Academy of Medicine* having to occupy itself on a question of poisoning by the oxide of arsenic, a physician again proposed to colour that substance, but no results followed. However, no doubt can be entertained on the propriety of colouring many of the destructive substances, especially when we consider, 1st. That of eighty-one cases of poisoning, sixty-two were effected by colourless substances; 2nd, That amongst those sixty-two white arsenic was employed fifty-four times. 3rd. That in many cases the colour or taste of the poisonous substances had caused the criminal attempt to fail. Hence the author concludes,

1st. That it is useful, even indispensable, that the white arsenic used for agricultural purposes, should be mixed with a ninth part of powdered aloes.

2nd. That the same precaution should be observed on delivering arsenic to those who treat the diseases of cattle, &c.

3rd. That the powdered metallic arsenic, vulgarly called "fly-powder," should be mixed with one-tenth of its weight of soluble blue.

The circumstance which will most forcibly strike the minds of those who reflect on this subject, and who bring themselves to consider that a peculiar taste may be given as a probable safeguard against unsuspected poisoning, is this, that in ordaining a precaution of that kind, it would be most desirable to affix a similar flavour to all poisons that can be judiciously submitted for sale, instead of marking one poison or class of poisons by one quality of taste, another by a different quality, and a third by another quality. If suspicion be encouraged in the public mind against particular flavour, the limit of variety should be the smallest that can be directed, for reasons that must be obvious on considering the first circumstance that presses on our notice in the proposal to adopt aloes as a beacon against arsenic. In warning the community to be startled at a *bitter* taste in the intercourse of the tongue with its external relations, the almost unconquerable prejudice that may be excited against a most valuable class of remedial agents, "must give us pause." If this prejudice be *not* universally established, the mixture will avail nothing. If it *be* created, no discrimination that is nice enough to decide between a bitter friend and a bitter foe, can be taught to the sick. The proposal of aloes, however, is ingenious, and therapeutically practicable, and as a *prenez-garde* in *food*, the suggestion cannot be amended; for although some animals will seek with avidity in marshes for bitter condiments, we can remember no article of food, from plain bread to the richest dish, which bipeds

would not reject on the detection of a bitter flavour in its composition.

With regard to the *scenting* of poisons, musk offers numerous points of recommendation in the selection of an odour.

For the present we conclude by commending the whole subject to the farther consideration of the profession in England.

LECTURE

DELIVERED AT THE

NORTH LONDON HOSPITAL,

BY

A. T. THOMSON, M.D.,

Physician to the Hospital, and Professor of Materia Medica in the University of London.

FATAL PERITONITIS. — *Post-mortem Examination of the Body.*

THE case of peritonitis which I mentioned to you in my last lecture has terminated fatally; and one of carcinoma uteri has also terminated as such cases usually do; both have afforded post-mortem inspections of great interest, and of a highly instructive character.

The first of these cases to which I shall direct your attention is that of Margaret Fitzgerald, who was admitted on the 24th of February. This poor woman, who was of a plethoric habit of body, was suffering so severely when admitted, that scarcely any information could be obtained from her respecting the prior history of the case; and almost as little from those who brought her to the hospital. It appeared that the pain which she complained of was chiefly in the hypogastrium, and that it was greatly increased by pressure. The abdomen was distended, the bowels were relaxed, the tongue was white, with some redness at the tip, the pulse was quick, and nausea present. The patient stated that she was forced to lie on her back, with her knees drawn up, and could not turn on her side without severe suffering. Her countenance was expressive of the greatest anxiety. She was bled at the arm to ʒxvj, and was ordered to take two grains of the tartrate of antimony and potassa, with three grains of calomel and half a grain of opium, every fourth hour; she was, also, ordered to refrain from every thing in the form of diet, except a little barley-water, or toast-water, to moisten her mouth, as she complained greatly of thirst; a symptom which continued to distress her during the whole period that she lived. This judicious plan of treatment was directed by the house apothecary, as I was not at the hospital when she was admitted. I saw her, for the first time, on the following day.

On examining the patient, I found her, as is usual in acute peritonitis, lying upon her back, with the knees slightly raised; her respiration was frequent, and the countenance expressive of the greatest anxiety; she seemed averse from answering any questions. The extreme sensibility to pressure over the abdomen was strongly characterized by the contortion of the face, and the moan of agony with which it was accompanied. The abdomen was slightly tense, but the tension was not of a tympanitic kind. The patient had vomited a greenish fluid soon after her admission, and had been purged several times. The heat of the body was natural; the pulse was small, but when compressed it discovered a considerable degree of hardness; the beat was 120 in the minute; the tongue was red at the edges, and covered in the centre with a grayish-coloured mucous fur; the urine was scanty and high-coloured. The blood taken in the preceding day was cupped and buffy, but its abstraction had produced no relief of pain; indeed, as far as could be ascertained from the expression of the countenance, the abdominal tenderness was augmented. She was ordered to continue the use of the tartar emetic and calomel, and twenty leeches were directed to be applied on the abdomen.

27. There was no improvement; on the contrary, the breathing was now evidently performed solely by the thoracic muscles. She was ordered to continue the use of the same medicines.

28. She had been much purged; but there was no improvement; the respiratory action was the same as yesterday. She had not again vomited. She was ordered to continue her medicine, and more leeches were applied. The symptoms continued nearly in this state until the 3rd of March, during which time leeches were again applied, and a large blister was placed over the abdomen; the tenderness somewhat abated, but the tension increased, and the tongue was covered with a dry yellow fur; the pulse was quicker, softer, and smaller, and the features were evidently sinking, so that the prognosis was of the most unfavourable kind. On the following day, however, the pain returned with redoubled violence, although the disease was, evidently, rapidly drawing to a conclusion. A liniment, composed of equal parts of oil of turpentine

and tincture of opium, was directed to be applied to the unblistered surface of the abdomen, and with the view of further palliating her sufferings, the following mixture was ordered:—

℞ *Olir. Olei f.* ℥j;
Acaciæ Gummi Pulv. ʒiij;
Opii Tincturæ f. ʒj;
Aquæ Distillatæ f. ℥v. Tere Oleum c. Acaciæ Pulvere, et adde gradatim aquam. Sumantur cochl. ij majora, 3tia vel 4ta q.q. horâ.

She died on the 6th of March at noon. The body was opened on the following day, and fully justified the diagnosis.

Post-mortem Appearances.—On exposing the abdominal cavity, the omentum and the whole of the viscera were found glued together, and every fold and interstice covered with a thick, pale-greenish, or cream-coloured, opaque matter, having all the sensible qualities of pus; and in raising the intestines, more than two quarts of the same matter, but more fluid, were found in the depending parts of the serous cavity. The peritoneum was thickened in many parts, and covered in patches with reticulated highly-ingested vessels; and, on the intestinal coat, these extended in bands between the adhering surfaces. The patches diminished towards the hypochondriac region, and there the membrane was dry and glazed. In some places there was slight opacity of the peritoneal membrane; but there was no infiltration between its laminæ, which is worthy of remark, as the deposition of the purulent matter, in this instance so abundant, is generally supposed to be connected with some alteration of structure of the membrane. There was no appearance of gangrene, nor of ulceration; and in slitting up the greater part of the alimentary canal, the mucous membrane, and Peyer's glands, were found to be throughout in a natural state.

This case and the dissection are full of instruction. The symptoms were so characteristic that there was little difficulty in deciding the diagnosis; although in general few inflammatory affections of the abdomen are so likely to be mistaken as acute peritonitis. I shall say nothing respecting the possibility of confounding it with some rheumatic or neuralgic states of the abdominal muscles, and with colic; but I shall trouble you with a few remarks on those affections which sometimes, to the most experienced, obscure the diagnosis in the abdominal disease. *Gastritis* is usually supposed to be one of these; but, in that affection, the vomiting is always more urgent and more easily excited by any thing taken into the stomach, than in peritonitis; the pain on pressure is more confined to the epigastrium; and when the tongue is much coated, and red at the tip and edges, the intensity of the colour is so much greater than in peritonitis as readily to distinguish the disease. In *enteritis* the difficulty is greater. It is said that the pain on pressure is more easily excited in peritonitis than in enteritis; but it is difficult to form a correct idea of comparative degrees of pain; nor is it easy to distinguish between a superficial and deeper-seated pain on pressure. Something depends on the mode of making the examination: that recommended by Martinet is the best; namely, to lay the hand flat on the centre of the abdomen, and press successively every part of it with the whole hand, not with the fingers, and at the same time, to fix the eye steadily on the countenance of the patient, that being the best index of the sensibility of the part. When the pressure is made by the fingers only, uneasiness may be excited where there is no disease. The diagnosis is less difficult when the inflammation in enteritis is confined to particular intestines; although even in that case some difficulties present themselves: for example, the peritoneal inflammation may be confined to a small portion only of the serous membrane, and thus it may simulate duodinitis, colitis, or inflammation of the small intestines. In colitis, which is the enteric inflammation most likely to mislead, the disease is distinguished not less by the situation of the pain than by the presence of diarrhœa: but diarrhœa, as in the instance before us, sometimes occurs in peritonitis. It has been maintained by high authority, that of Dr. Wilson Phillip, that peritoneal inflammation seldom exists without extending to the mucous coat of the stomach and intestinal canal; or in other words, that peritonitis and enteritis cannot be regarded as distinct diseases. My experience has not confirmed this opinion, and the dissection under consideration demonstrates that the most extensive inflammation of the serous membrane does not affect the mucous coat of the bowels; a fact of great practical importance. Gastritis, as you have seen in Sylvester's case, may be confounded with hysteria; so also may peritonitis; but, by a careful observer, the discriminating characters are easily detected. In hysteria the tenderness of the abdomen is generally greater than we should expect to find, judging from the state of the pulse in peritoneal inflammation; the respiration is more labouring and hurried than in peritonitis: the seat of tenderness frequently shifts, and generally there is a decided intervention of what are termed

hysterical symptoms, and not unfrequently an evident deranged condition of the uterine organs; none of which symptoms are necessarily connected with peritonitis. Although, therefore, in general the disease may be detected, yet detection is often difficult, and especially when the peritonitis is complicated with other affections.

With regard to the treatment of the case under consideration, I have no hesitation in saying that it was sufficiently active, had the symptoms not run on to an almost irremediable extent previous to the admission of the patient; perhaps, if any improvement in the management could have been suggested, it would have been the administration of a much larger dose of calomel and opium immediately after the venesection. I have always obtained a more satisfactory result from the administration of from six to ten grains of calomel and two of opium at first, diminishing the dose as it is repeated in three or four hours, than from smaller doses. When the dose of opium in particular is small, it may happen that the irritation from the action of the mercury augments the inflammation of the disease; the sensibility is not kept down by a large dose of opium; and that equalization of the circulation which attends the diaphoretic influence of opium in large doses when combined with calomel, is altogether lost when the dose is small, however frequently it may be repeated. The administration of the calomel, also, in large doses, is more likely to bring the habit quickly under its specific influence; a most important point, for experience has fully proved that the appearance of salivation in peritonitis may almost be hailed as a guarantee of recovery; at all events the symptoms are mitigated, and become more manageable in every respect as soon as the gums are affected. The entire condition of the mucous membrane points out the advantage of setting up counter-irritation there by means of the internal administration of tartar-emetic. Whether this case would have admitted of larger doses than were administered, I am not prepared to say. The internal employment of oil of turpentine, which has been lauded in puerperal peritonitis by Dr. Brennan and others, operates on the same principle; but I prefer the tartar emetic, as in large doses its action is purely topical, whereas in every dose some portion of the oil of turpentine is taken into the circulation and augments excitement. This objection is not due to the external application of the oil of turpentine in combination with tincture of opium; I have witnessed its beneficial influence in many instances. It must, however, be admitted that, even under the most judicious treatment, the prognosis in peritonitis is unfavourable, and often, when the symptoms have apparently yielded, a relapse is to be dreaded.

The post-mortem examination in the instance under consideration, besides the light thrown upon the individual case, has demonstrated that, even when peritoneal inflammation is excessive, it does not rapidly run its course; that a sudden abatement or vanishing of pain is not always indicative of gangrene; and that the purulent or milky effusion may exist without any deposition of false membrane; consequently that it admits of reabsorption should the disease not prove fatal, and, therefore, under no circumstances are we justified in abandoning the patient labouring under peritonitis to his fate, until life finally quits its hold.

Carcinoma Uteri.—*Post-mortem Examination.*

The case of carcinoma uteri, which has afforded so interesting an autopsy, occurred in a woman named Hannah Humley, aged 54, who was admitted on the 19th of February. The cancerous diathesis was strongly displayed in her person; her countenance was sallow, its expression anxious and suffering; her general figure thin and shrivelled; and such as to give her the aspect of being at least ten years older than she stated. She had had no intestinal evacuation for eleven days: and the abdomen was tense, painful on pressure, and it emitted a tympanitic sound on percussion. The catamenia had ceased several years. She had long experienced pain in the pelvic region; and suffered from a discharge from the vagina. She was ordered to take ℥j of croton oil, and to repeat it every sixth hour, unless the bowels were previously relieved. No relief was obtained after six doses were taken; enemata were, therefore, proposed to be exhibited, but they could not be passed into the bowels. On investigating the cause of this obstruction, a hard tumour was discovered, situated anterior to the rectum, pressing on it, and filling completely the hollow of the sacrum. The vagina was, also, found to be surrounded by a hard mass, and so much constricted that the finger could not feel the os uteri; but there was evidently carcinoma of the uterus. The examination per vaginam was followed by a slight discharge of blood. A gum-elastic catheter was attempted to be passed beyond the obstruction of the rectum, but it was found impracticable; the evacuation of the bowels was, therefore, left to chance.

14th. There had been no motion; but yesterday feces began to pass per vaginam in large quantity, which induced a supposition that a communication had formed between the rectum and vagina. Castor oil was freely administered to clear the bowels; this was effected, and the abdomen had become flaccid, shrivelled, and free from pain. The pain in the uterus, however, was most excruciating; consequently opiates were administered, and the strength was supported by wine; but she gradually sank, and died early in the morning of the sixth. The body was opened on the afternoon of the same day.

There was nothing particular in the external appearance of the body, except extreme emaciation. On opening the abdomen, the transverse colon was found lying across its lower part, the great omentum adhering to the margin of the right ilium, and the sigmoid flexure was displaced and firmly adhering to the fundus of the uterus. The urinary bladder was, also, adhering to the uterus; the glands about the iliac vessels were greatly enlarged, the ovaries and the fallopian tubes, and the transverse colon, formed together an irregular and firm disorganized mass. In this case the inflammatory action accompanying the ulcerative process, after destroying the parietes of the uterus, had communicated to the peritoneum, and caused the adhesion between the fundus uteri and the sigmoid flexure, which, being perforated, the feces, instead of passing by the rectum, which was contracted by the mass of diseased parts pressing upon it, were poured into the uterus and ejected from the body per vaginam. Such communications are *rare*, but they occasionally happen, the part of the intestine which adheres varying from circumstances. Dr. Robert Lee, in a paper on the pathology of the uterus, mentions a case which he saw with Mr. Prout, in which the ileum was the gut perforated, so that the feces in that case never even entered the colon.

In general the vagina becomes involved in the disease; but in this instance, except that it was contracted, it was very little altered either in appearance or in texture. From the state of the parts, gentlemen, which several of you saw, and which have just been described, it is easy to account for the obstinate constipation that preceded the admission of the poor woman into the hospital, and the almost impossibility of administering an enema. The bladder of urine was not perforated, but changes were taking place in it which, probably, would have terminated in perforation; it was red on the posterior portion where there were a few fungoid papillæ seated on hard irregular knobs. All the surrounding bloodvessels and nerves were involved in the cancerous mass. This was also the state of one of the ovaries, whilst the other, which was still free, was enlarged, and contained a fluid. The fallopian tube on the same side was swelled, and turgid with fluid, and the fimbria were obliterated. There was nothing particular in the rest of the abdominal viscera, except the great omentum, which adhered firmly to the carcinomatous mass, and in its descent had drawn down the transverse arch of the colon below the umbilicus. The body of the uterus itself was completely disorganized, and presented, interiorly, a gray, ragged, foul, and gnawed or excavated appearance, so as to render it impossible to determine what form the disease had originally assumed. The central excavations were rugged, and filled with a semifluid matter, but as this was mixed with feces, no correct description of it can be given. The most remarkable circumstance in this advanced stage of the disease in the uterus, was the freedom of the rectum from disease, and the small progress of the disease in the urinary bladder; these two organs, in general, are early affected, from the mere circumstance of contiguity. The lymphatics along the lumbar spine were enlarged, and some of them contained purulent matter; but how far this can be regarded as an extension of the carcinomatous deposit from the uterus I shall not venture to determine.

The age of this woman was fifty-four; and I mention it again, in order to afford me an opportunity of correcting a mistake which prevails, that carcinoma uteri never occurs until after the period of life when the catamenia ceases; instances have occurred of the disease appearing in women under thirty. I knew one instance, in the wife a physician, who died of it, before she had attained her fortieth year. Much seems to depend on *temperament*; that which undoubtedly most favours the disease is the lymphatic. It is astonishing how long the powers of life can be sustained in this malignant disease; in the case under consideration, the patient survived the destruction of the greater part of the organ. This often throws considerable difficulty in our way in forming our prognosis; but although we can say little with regard to the period that the patient may survive, yet we can have no hesitation in prognosticating the fatal termination of the disease, when, along with emaciation, the skin acquires a pale-yellow hue, with bluish patches on the face, constituting what is termed the cancerous cachexia.

Were the diagnosis of malignant dis-

ease in the uterus always free from obscurity, we could, unfortunately, take little advantage of the information which it would afford us, with the means which we now possess of arresting the progress of cancer. It is not my intention to occupy your time with any remarks on the causes of carcinoma, whether the germ be hereditary or otherwise, constituting what is termed the cancerous diathesis, or whether the material element of the disease be contained in the blood, and separated as in secretion or nutrition. The disease, when once begun in the part, proceeds slowly but invariably to the destruction of the organ, and consequently of the patient. As far as experience can be trusted as a guide, the chief reliance, in the early stage of the disease, is on moderate depletion; bleeding always produces temporary relief; but, although this be admitted, yet it does not follow that we are to weaken the system; on the contrary, it is perfectly compatible with the local abstraction of blood, to maintain tone. If the topical bleedings in carcinomatous tumours which we can see, namely, in the mammæ, reduce the size of the tumour, and render it indolent; it is compatible with just pathology at the same time to prop the habit in this condition of the tumour; and by exciting the capillary system whilst its indolence remains, to endeavour to bring it within the power of the absorbents to carry off the morbid matter deposited already in it; or, in another view of its cause, by endeavouring to support the powers of life, to overcome the morbid action, by setting up a new one in the affected organ. In the early stages of malignant affections of the uterus, when the chief symptoms are, acute pain in the pelvic region, remittent or intermittent, accompanied with irregularity in the menstrual discharge, if that have not ceased, or, if it have, accompanied with discharges of blood at irregular periods; it is customary to abstract blood by cupping on the sacrum, or leeching in the groins, or the vulva or anus, or even by the application of leeches to the os uteri. These abstractions of blood always afford relief; but the vessels remain in an atonic state, the congestion rapidly returns, and the disease again proceeds. In my opinion the great object after these bleedings is, to operate on the capillary system, in the manner I have stated; whilst, at the same time, the powers of the habit should be maintained, and its irritability subdued by the administration of tonics. If these distinct objects can be obtained by one remedy, so much the better; and it is on this principle that I confidently recommend to you the *hydriodate of iron*. Nor is this recommendation on hypothetical grounds merely; for although I have had no opportunity of prescribing the hydriodate of iron in carcinoma uteri, yet I have had the satisfaction of checking by its means cancer in the mammæ in two cases, one of which I have placed before the profession in my pamphlet on the ioduret of iron.

During the administration of the hydriodate, in the intervals of the bleedings, narcotics are indispensable, not merely to alleviate the painful sufferings of the patient, but to aid the stimulant influence of the hydriodate on the capillaries, by allaying irritation, and its tonic influence on the general system on the same principle. As a topical narcotic or anodyne, nothing is so powerful, in such cases, as belladonna, which may be applied in the form of a plaster to the sacrum or the loins. As an internal narcotic, however, I prefer conium to every other, in such cases gradually augmenting the dose as far as the stomach and constitution can bear it, and here I must openly state my opinion, that conium is not carried to its ultimate dose, even by M. Recamier, to whom the profession is indebted for again introducing the practice of Stoerck in the administration of this powerful narcotic. Recamier does not think it necessary to carry the dose beyond twelve grains of the extract twice a day; but in a case of cancer of the mamma, for which I am prescribing in private practice at this time, the patient, a lady, is taking the extract in doses of fifteen grains three times a day, with evident abatement of pain, although the disease is in that advanced stage which precludes all chance of a cure. I have seldom seen any benefit derived from the injections thrown into the uterus, except in a very advanced stage of the disease, to relieve the fetor of the discharge, in which case the chloride of soda, largely diluted, may be employed. If to these means we add rest, and a mild but nutritive diet, chiefly milk, and farinaceous matters, we shall fulfil every indication that our present limited knowledge of the pathology of this dreadful malady points out. It is to be regretted that cases of this description are seldom sent into hospitals, until the disease has acquired a decidedly irremediable character.

Tetanus in Jamaica is produced by wounds so slight, that the negroes generally, the moment any punctured wound is received by them that does not bleed freely, take a knife or sharp stone, and lacerate and open it, so as to convert it into a simple wound, thereby considering themselves exempt from an attack of tetanus.

LECTURE

DELIVERED AT THE

NORTH LONDON HOSPITAL,

BY

ROBERT LISTON, Esq.,

Surgeon to the Hospital, and Professor of Clinical Surgery in the University of London.

REUNION OF DIVIDED PARTS.—RECONSTRUCTION OF THE NOSE.

GENTLEMEN,—The operations for the restoration of lost parts must always, independently of the object for which they are undertaken, possess great interest for the student of surgery, as affording him the best possible examples of the process employed by nature for the union of parts, by what has been called the "first intention." No one, I believe, now doubts the possibility of a part not entirely detached from the system retaining its vitality, and of its adhering again quickly if it be placed in favourable circumstances, not much bruised, and well adapted either to the part from which it has been raised up, or any other of the same structure. This is not the place to enter into a theoretical disquisition concerning the quantity of lymph that is deposited, organized, or absorbed in the formation of new vessels and their inosculations. The fact of union occurring is certain, and this we take advantage of in many of our operations, with the view of expediting the cure, and removing or preventing deformity. We shall be better employed in considering the means which favour this desirable result, and pointing out the circumstances which are apt to retard or interfere with its completion.

Adhesion sometimes does take place under the most unfavourable and unexpected circumstances,—when the separation has been effected with much violence, when parts have been lacerated, bruised, and incorporated with foreign matters, and even when a complete detachment from the system has taken place. The stories of the union of parts, reapplied after the lapse of many minutes, were long looked upon as fabulous. I may refer you to JOHN BELL'S "Principles of Surgery" for a very humorous account of this matter. You have there the story from GARENGEOT of the soldier's nose bitten off, trodden under foot, washed in wine, and stuck on,—of Mr. HUNTER'S experiments upon this subject,—his preparation of the cock's spur, implanted on the top of his head, and you have also then the whole ridicule poured out by BUTLER in his *Hudibras*, about the nose taken from the brawny part of another person, and wasting away on its parent's dissolution. The method of putting on a head, from Rabelais, the holding of it against the codpiece to prevent the influence of the air, the adaptation of the spondyles, the stitching of it round about, and the signs of life which Epistemon first evinced, are also there fully detailed.

The union of small parts of the body entirely detached, is not much to be depended on. I have seen one finger which I really believe was chopped off completely, which had afterwards become adherent. It was in such a state, however, at the time, that any surgeon, had his opinion been asked, would, but for the history attached to it, have advised taking it away again in a more scientific fashion.

The adhesive process is found to take place readily when a part has still an attachment, even apparently slight; and when that attachment is compressed and twisted in such a way, that it might be supposed that neither the circulation nor any nervous influence could be carried on or maintained. A knowledge of this fact has led to the performance of operations for the removal of deficiencies in various parts of the body, and for the restoration, to a certain extent, of lost organs. The cheiloplastic, otoplastic, and rhinoplastic, are now admitted into the list of regular surgical operations.

I should not be justified in entering now into a detailed account of the history of the operations for restoring the lost nose. So early as the middle of the fifteenth century, it appears that attempts of this kind were made, and frequently repeated, by surgeons in Sicily and Italy. At a still earlier period we find that the restoration of the lips, ears, and nose, was contemplated. In the works of CELSUS and GALEN, chapters on the subject are to be found, and, indeed, much that is supposed to be very new in medicine and surgery, is distinctly indicated by these and by earlier authors. TALIACOTIUS, and those who preceded him, preferred taking the material for the new nose from the integuments of the upper arm. GRAEFE, and some other German surgeons, have followed this plan; but it is tedious; the patient is kept in a constrained position for a great many days; and after all it is liable to failure. The operation of the caste of Koomars or Potters in India, variously modified, has been generally preferred by English, French, and other continental surgeons. Mr. CARPUE is justly entitled to the credit of introducing this operation to notice. It was well known

that such operations were practised in the East, where the cruelty of some of the rulers gave too frequent occasion for it, when mutilation was only committed as a punishment, and often in a very wholesale manner, an entire community, men, women, and children, being occasionally subjected to it. I have read, or been told, that it was customary for criminals who were punished by the removal of the nose to reapply it as soon as possible; but that to prevent the possibility of reparation of the deformity in this way, the amputated part was immediately consumed by fire. This print, published in 1793, of a native Indian who had been supplied with a nose, the original having been cut off by order of TIPPOO SAIB, first drew the attention of surgeons in this country to the subject. My old master, the late Dr. BARCLAY, and other teachers, used to exhibit the print and read the explanation, but entire credit was not given to the statement. It remained for Mr. CARPUE to put the practice to the test, which he did in 1814, most successfully. He has given in a little work on the subject, an excellent history of the Italian and Indian operations, with some remarks on adhesion, to which I beg to refer you. Since that period the Indian operation has been practised in an immense number of cases, and with various results.

In Europe the rhinoplastic process, so called from two Greek words signifying nose and to fashion (by the way I find that in my reported Lectures a wrong etymon has been given for Clinical), is generally called for to remedy the wounds occasioned in the wars of Venus and Mercury. The organ occasionally suffers from injury; it may be lost by sloughing, from deficient power, in fever, or by frostbite. It is often destroyed by the ulcerative process, not in any way connected with venereal taint or mercurial action—as in the instance before us.

"Jane Campbell, ætat. 19, admitted into the hospital January 26th, labouring under very great deformity from complete destruction of the nose, as high up as the nasal bones. The loss of substance was the effect of intractable ulceration, which commenced about five years ago, without any known cause. The ulceration, which began in the right cheek, and affected, successively, the nose, and right side of the face, proceeded, in defiance of a variety of treatment, for about three years, when it had effected the loss of substance which at present exists. It then began to get well spontaneously, and in a short time had cicatrized completely. The patient being extremely anxious to get rid of the deformity, applied to the hospital, and consented to submit to an operation.

"On the day of her admission the operation was performed in the following manner. The size of the flap which it would be necessary to take from the forehead, was first measured with a piece of soft leather, and then, as it was expected the patient would be rather unsteady, it was traced out with ink on the forehead. The cicatrized edges where the cartilages of the nose formerly rested, were then pared off pretty deeply. The flap was next dissected down. Its attachment at the root of the nose was left of a proper thickness, so as to ensure a sufficient vascular supply. The incision on the left side, to which it was proposed to make the turn, was carried down a little lower than on the right, so as to facilitate the twisting.

"After the bleeding had ceased, the flap was brought down, and retained in contact with the surface prepared for it by two points of interrupted suture on either side. Lint, moistened with warm water, and covered with oiled silk, was applied to the wound in the forehead.

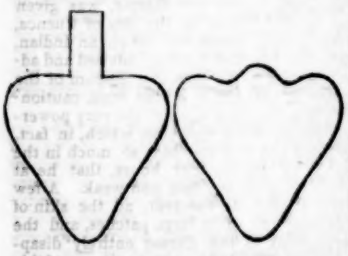
"28th. The sutures were to-day removed; a piece of isinglass plaster having been first applied, complete union was found to have taken place all round.

"Feb. 2nd. A bistoury was passed under the twisted portion, and the attachment of the flap to the forehead was divided. A small thin wedged portion was removed, and the raw edges were engrafted on the integument, covering the ossa nasi and retained by three points of interrupted suture."

In the case which I have now read, no mention is made of the state of the wound on the forehead: that has still continued open to a very slight extent in consequence of a trifling exfoliation which remains to be separated. The death of a thin plate of bone was observed to have taken place on the second or third day; and whether this is to be attributed to its denudation by the knife, or to injury inflicted in the removal of dressings that had through the carelessness of the nurse been allowed to adhere very firmly, I cannot say. That the bone to a slight extent should have been stripped, is not much to be wondered at in so restless a patient. My impression is that it was not uncovered: you know that necrosis does not follow as a necessary consequence upon this accident: this is the first time, out of a very considerable number of operations of the kind, in which I have seen the cure so protracted. The separation may be expected to take place daily, and the ultimate result will in no way be affected; after a time, when the cicatrix

has contracted fully, but a very trifling and an almost imperceptible scar on the forehead will remain. Very few points of suture were employed, as you would observe, but in consequence of the incisions corresponding exactly, the union took place readily, and so rapidly as to admit of the connecting slip being divided, and the parts put in a condition to unite at a very short period after the first operation.

Some difference of opinion exists as to the form of the flap to be taken from the forehead. According to the Indian method a tail is brought down to form the columna nasi: this plan was followed by Mr. Carpue, and in my first operations I also attempted thus to complete at once the proceeding. I have since then altered the form of incision, seeing that in most individuals, without encroaching on the hairy scalp, the upper part could not be obtained, and that the chance of uniting the column to the lip was not great. In truth, the union failed at this part in my first case. Such is the form of flaps according to the Indian method, and that which I have latterly pursued. In the second you will observe, that merely a little rounded point is cut out to form the apex of the new organ, to give it the proper contour to afford a better attachment to the column.



The forms of incision followed by Delpech and Dieffenbach are very different. In both more integument than necessary is dissected down, and the flap is afterwards curtailed. This plan is recommended in order that the edges of the wound may be more readily approximated, and that the scar on the forehead may be made less observable. It has been proposed, with the same view, to remove still more of the integuments, an oval portion on each side of the scar, after this has contracted. These plans appear to me unnecessary and unjustifiable.

It has been proposed lately by Mr. Tyrrell, of *St. Thomas's Hospital*, to support the new nose permanently, so far as I can understand, by means of an artificial bridge of platina plate or wire. This will, I fear, not answer the object in view, even if it could be retained. How is this bridge to be formed? This question is very often put by professional men, as well as by mere amateurs in surgery. The integument, in fact, is loose and flabby at first, and is affected by the slightest sufflation, but very shortly, when the circulation is well established, it gains consistence, becomes consolidated, and granulates from its under raw surface. It is no longer necessary to give support by wetted lint; the new matter continues to form till it rests on the ruins of the old organ. It is merely requisite by means of a couple of silver tubes joined by a bit of wire, to keep room for the nostrils till cicatrization is completed and contraction has ceased, then is the time to provide a columna to form a partition across the opening. This is readily effected by borrowing a narrow piece of the upper lip skin, mucous lining, and interposed substance. Our patient, Campbell, would be much improved in her appearance, were this further step adopted; whether she will have it done or not remains to be seen. She is very much delighted with the improvement in her appearance, but she is so strange a person, so nervous, coquettish, and undecided, that it is no easy matter to manage her, to ascertain what her intentions really are. The little operation for the formation of a columna I believe I may lay claim to. It was proposed and put in practice very many years ago. In some one of the periodicals several cases were related, and since then I have pursued the same plan in many cases where the whole organ was lost, as also where the column alone was deficient.

The loss even of this part is productive of horrid deformity, and the cases in which it is wanting are by no means rare. Injury or disease may lead to it; inflammation and abscess of the septum, followed by ulceration, badly managed, have, in many of the cases I have operated upon, preceded the deformity. The slip cut out by passing a narrow knife twice through the lip, about a line on each side of the mesial line, is turned up, and after making the inner surface of the point of the nose, and the end of the slip, raw, attached, *without being twisted*, by one point of the sutura circumvoluta, a needle, such as you have seen used for the union of the lip, is passed from the point of the nose obliquely through the new column. The lip is then put neatly together by the same means. The advantage is not all in favour of or confined to the nose; for in all cases of deficient co-

lumn, the lip falls down, is elongated and tumid; and this appearance the removal of a little bit does away with most effectually. The under surface of this column, covered with mucous membrane, loses in no long time its florid hue, and comes to resemble closely the neighbouring integument. A little œdema generally takes place in the slip, the edges granulate, the swelling is got rid of, and the granulations are repressed within proper bounds by gentle pressure.

I would caution you against the application of dressings or bandages until after the union is complete. In all these little operations, and in fact in all wounds, whatever their size, when it is an object to procure immediate adhesion, the circulation is interfered with, the parts are heated, the discharges are increased and retained, and the removal of the dressings and their reapplication are attended with much pain, and risk of separating the union which may by chance have taken place at any point. At an early meeting I shall probably advert to the management of recent wounds, and of breaches of surface which must be repaired by the granulating process.

By a proceeding similar to that for the restoration of the columna nasi, deficiencies in other parts, and much inconvenience, may be got rid of.

I have sometimes turned over the prepuce upon itself, and engrafted it in such a way as to elongate the urethra, to bring it up to the point of the glans in cases of congenital deficiency or loss of substance from ulceration or sloughing of the extremity of that canal. The free edge of this covering has still the same aspect, and the lining membrane, now turned outside, is soon not distinguishable from the surrounding integument.

NEW REMEDY

FOR THE CURE OF

LEPRA ELEPHANTIACA

IN ITS RECENT STATE.

To the Editor of THE LANCET.

SIR,—I am induced, by your invariable readiness to insert in the pages of your valuable Journal remarks on subjects of interest to the profession, to request an early insertion of the following account of a newly-discovered specific for the above-mentioned disease. I do not intend to lay claim to the discovery of the plant, but I feel happy at having been the first who has given any description of it, and recorded its great efficacy in this dreadful disease. I remain, Sir, your very obedient servant,

DANIEL PRETTO,
Cand. Chirurgiæ Hafniæ.

Island of St. Thomas, Feb. 6, 1835.

Cinchunchulli is an indigenous plant of South America, and a specific for the cure of lepra elephantiaca. It is known to the inhabitants of Peru by the above name. According to a work entitled "The History of Quito," written by the Abbe Velazco, the name of the root, literally translated, signifies "the entrails of a Guinea pig." This work the Abbe was prevented from publishing during his lifetime, in consequence of the state of the political affairs of Spain at that time; but after his death it fell into the hands of a Jew (the executor of Velazco), who brought it from Italy to Bogota, and gave it to a Mr. Modesto Lorrea, who, it is supposed, will have it printed, and reap any benefit or reward which would have accrued to the meritorious native of Rio Bamba.

The Abbe mentions in his work, that this plant consists of thin whitish filaments, with hardly any leaves, and grows from underneath the rocks in cold and bleaky places, adhering very strongly to the ground. A Jew, he says, who was labouring under this disease, was given up by the doctors in the city of Cuenca, after a long attendance, when an Indian, who had heard of this case, advised and administered to the patient a drachm of the plant in powder in a little wine, cautioning him however against the very powerful effects of the medicine, which, in fact, purged and vomited him so much in the space of twenty-four hours, that he at once became very thin and weak. A few days afterwards, however, all the skin of his body fell off in large patches, and the symptoms of the disease entirely disappeared. The Abbe was eyewitness of this phenomenon.

This case having been related by a resident of Quito to a young medical man in Bogota in 1826, the recollection of a plant directly occurred to him, which the natives of Popayan called "cinchunchulli," much resembling the violet, and which the doctors there were accustomed to administer to infants which had been suckled by mothers or nurses in a state of pregnancy. No doubt it is the same plant which Velazco received from Popayan, and administered to patients labouring under lepra elephantiaca, beginning with small doses, and gradually increasing them to thirty grains. A woman afflicted with the same disease made trial

of this remedy, and its results were the entire disappearance of some of the tubercles, and a considerable diminution of others. The ulcers likewise improved greatly, but she could never obtain a radical cure. Whether this was owing to the small quantity of medicine used, or the person who attended her failing to continue it long enough, is not known. The cinchunchulli belongs to the family of *rubiaceæ*, genus *viola*, very much resembling the ipecacuanha.

Case.—Esther Maduro, ætat. 11, a native of this island, was born of parents enjoying good health, and free from cutaneous disease; both of them of dark complexion. Her appearance is robust; she has dark hair and eyes, and was formerly of a very lively disposition, but since the attack of this disease has become rather melancholy. I could not obtain any knowledge as to the first appearances of the disease, and on account of the common idea in this country that leprous patients must submit themselves to the will of Providence, having no chance of cure, they (the parents) never applied to any medical man for assistance. In the beginning of the December of last year, I obtained from the parents permission to try to cure her "by means of a new plant which had lately been made use of in Carraccas, republic Venezuela, and which had hitherto been attended with unlooked-for success." On my first visit I caused the patient to be stripped, and closely examined her. The entire face was of a brownish-yellow colour (*bistre*); the nose, eyebrows, forehead, ears, and cheeks, were covered with tubercles of different sizes, the greater number of them convex, and, were of a redder colour than the face. My notes say,—"These elevations produce such an effect on the physiognomy of the patient that she is hideous in the eyes of observers; the eyelashes have not yet fallen off, but below the eyelids a very great puffiness is perceptible; the nose is deeply indented, as likewise are the lobes of the ears, which are elongated also; the arms are covered with spots, more or less round, rising above the level of the skin, and of various colours; where these exist the skin is for the most part insensible; the fingers are very much swollen, are of a darker colour than the rest of the body, and are perfectly stiff and insensible,—that is to say, she does not perceive a slight touch, and does not give any signs of feeling unless they be strongly pressed, and then the sense of pressure is very indistinct. The inferior extremities are covered with spots analogous to those on the arms. In the ham and elbow-joint small ulcers are to be seen, which are very much irritated by the insects of this climate; the same exists likewise around the anus, and on the nates. Her general health is good; she sleeps well, and has a good appetite; the pulse is rather frequent, and the bowels are constipated."

Dec. 4. She was ordered to abstain from all sorts of fish and salt victuals, which she had been accustomed to eat with the family; to have a strengthening and nourishing diet; and not to expose herself to the night air. Let her take of the powder of *Cinchunchulli*, gr. xx, every night at bed-time, in a little tepid water.

5. On visiting her this morning, the girl acknowledged that she felt much lighter in body than she had done for three or four years; the remedy had produced copious perspiration, and three or four evacuations, and she had been kept up the whole night making urine; her nose bled profusely this morning, but from what cause I could not ascertain; that it depended on the medicine is not very likely, as its effects are not considered to be of that kind. (Since making my notes, I find that this a common symptom of the complaint.) Let her continue the powders.

6. Has passed the night in exactly the same way as the last; she begins to recover the sense of feeling in her fingers, they are also more pliable; the ears are losing their thickened appearance. Let her continue the powder.

7. Improving in every respect. Increase the dose to gr. xxx.

8. Continues to improve; to-day she has experienced a sensation of pain in the indices and foot sole. Continue.

9. The spots on the body have nearly disappeared; she is much livelier. Increase the dose to 40 grains.

10. The tubercles on the face and ears are much diminished, and are nearly on a level with the skin; her complexion is clearer; all the joints are perfectly supple.

12. The difference in her features is so striking that (not having seen her for a couple of days) I was astonishingly overjoyed. Improving in every respect. Continue the powder, but increase the dose to fifty grains.

I need not particularize the further progress of the case; suffice it to say that all the symptoms gradually decreased; that she took thirty-one doses of the medicine, gradually increased to ʒj, and, that after that period a pustular eruption, very much resembling the itch, made its appearance on different parts of the body. I did not take means to cure as quickly as possible this eruption, but simply ordered cool tisans, and small doses of Epsom

salts. On further inquiry concerning this eruption, I ascertained that the beginning of her disease, six years ago, was an attack of the itch, which had been suppressed, and, shortly after, the symptoms of the present disease began to appear; considering this to be a salutary crisis I allowed it to run on without further meddling than is above-mentioned. At the present moment she is perfectly free from all disease whatever.

I have some other cases of a like kind under treatment at present, accounts of which shall be communicated to THE LANCET at some future period.

CASE.

Adhesion of the Placenta; Hour-glass Contraction of the Uterus, with Excessive Hemorrhage. Breaking down, separation, and partial Extraction of the Secundines.

To the Editor of THE LANCET.

SIR,—The following case may, perhaps, be deemed of sufficient interest for publication in your very able and scientific Journal. I am, Sir, your obedient servant,

J. THOS. BATTEN.

144, Tooley-street, Southwark,
April 5, 1835.

Mrs. J. was taken in labour on the 27th ult., and after powerful expulsive uterine contractions, continued for the space of twelve hours, was delivered of a fine girl, her eighth child.

All her former labours had been difficult and protracted, owing to incapacity in the pelvic aperture, and in two instances she successively underwent instrumental delivery, for which reasons it was deemed most prudent not to interfere for the extraction of the placenta, unless such a step became unavoidable. I therefore remained with her nearly an hour and a half, in expectation that nature would finish the labour; but although the uterus contracted frequently, and with considerable power, during the whole of this period, the placenta remained stationary, while each expulsive effort only tended to aggravate an alarming state of hemorrhage, which was now but too obvious. Besides the flow of blood in considerable gushes outwardly, symptoms of rapid sinking of the vital energy became sufficiently marked to force upon me a conviction that the flooding must be accumulating internally from partial separation of the placenta, so that to prevent the lamentable issue which, had the latter condition been allowed to go on, seemed inevitable, and near at hand, no means were left but those of art. In this juncture a manual examination of the uterine condition was commenced, and after removing considerable masses of coagulated blood from the interior of the cervix, I was not a little perplexed to find an hour-glass contraction oppose almost an insuperable barrier to carrying my hand up, in order to grasp the placenta. Well knowing however the nature of the case, and feeling convinced that in operations of this sort we should be disconcerted by nothing less than necessity, I used considerable, but steady force, with a view of dilating the narrowness which was at about the centre of the uterus, and to overcome which, so powerfully was it contracted, the muscular power of my arm was almost expended, and its circulation almost wholly stopped, so that having found the insertion of the chord, a few moments' rest was indispensable to recover the use of my fingers.

The next perplexity that arose was, almost complete, firm, and inextricable adhesion, or, rather, implication, together, of the secundines and uterus, in such a degree that separation of the former at their junction with the internal part of the latter was impossible, without exerting force enough to endanger the integrity of the uterus. Yet a small part of the former being already lacerated *naturally*, the only chance which now remained of averting fatal hemorrhage was to lessen the bulk of it, as far as practicable, in the hope that the uterus would afterwards contract effectually. Under this impression I broke the placenta down with my fingers, carefully detaching small portions, and cautiously avoiding at least half an inch of its external side, until I had succeeded in disengaging nearly the half of it, which (my hand being quite exhausted) an effort was made to bring down; but as the hour-glass contraction had not abated a whit, not more than a fourth of it came away. The woman at this period seemed gradually sinking, being covered with cold clammy perspiration, and inclinable to hiccup. I therefore directed the nurse to give her a tablespoonful of brandy in a little cold water, and having recovered some muscular energy, my hand was again carried up into the uterus, after having had to overcome precisely the same impediments as before. The whole of the after-birth was then separated in the manner just described, and about a third more, including the chord was extracted. Conceiving that

the detached fragments left behind would be expelled by the efforts of nature, and believing it to be unjustifiable to interfere any further, I now had firm pressure applied over the uterine region upon the abdomen, and devoted my attention wholly to the syncope, which augured that the woman was on the very verge of her mortal career.

She remained in an extremely doubtful condition for three hours, complaining of numbness of the extremities, coldness of the surface of the body, dimness of vision, and clammy perspiration; with rigors and a tendency to sleep; but after the administration of small and frequent doses of gently stimulating medicine, and the application of warm flannels to her extremities, she rallied a little, and from that time gradually recovered. The hemorrhage had entirely ceased since the detachment of the placenta, and the fragments left in the uterus were expelled in the course of the ensuing night and following day. Great irritability of the stomach continued for thirteen hours afterwards, but this was ultimately subdued by the following medicine:—

℞ *Sodæ Carbonat.* ℥j; *Tinct. Hyoscyami* gtt. x; *Tinct. Digital.* gtt. v; *Ol. Menth. Virid.* gtt. j; *Syr. Croci* ℥ss; *Aquæ Puræ* ℥vj. Misce. Fiat haustus. Cum succi limonum cochleare uno amplo, in impetu ipso effervescentiæ sumendus. Tertia q. q. hora repetendus.

Otherwise she has only required the treatment usual in favourable cases, and is now quite recovered. Her infant, which is a very fine one, is also perfectly well.

The substance of the placenta was found, on examination, to be in a morbid condition, partly converted into cartilago-osseous structure, and partly hepatized. It was heavier, much more dense, and smaller, than is usually met with, and possessed apparently but very trifling vascularity, excepting just contiguous to that portion which had been separated by the efforts of nature.

NEW METHOD

FOR THE TREATMENT OF

FRACTURES OF THE CLAVICLE.

Dr. F. Papini, of Viterbo, has published a paper in the *Bullettino delle Scienze Mediche di Bologna*, Gennajo 1835, just issued, under the above title, of which the following is an abstract:—

The number of apparatuses employed in treatment of fracture of the clavicle is very extensive, and the methods which prevail in different schools vary considerably from one another. M. Papini does not profess to have discovered any new indications, but rather to have supplied several deficiencies; and by a new application of the indications already established, to have arrived at a means of treatment more certain and perfect than those hitherto employed. The coaptation of the fragments is obtained, according to the theory of Dessault, by carrying the superior extremity of the humerus upwards, backwards, and outwards, in order to bring the acromion fragment on a level with the sternal one. This done, some long compresses are placed along the sides of the clavicle, principally near the points where the fragments most tend to displacement, and are retained in situ by a common bandage. The first part of the apparatus serves as a fixed point for an additional mechanism, whose object is to oppose the natural tendency of the fragments to separate, or change their mutual relations. It consists, in the first place, of a band of leather, which is passed round the trunk immediately below the axillæ, and one end of which is buckled to the continuity of the band itself, opposite the sternum. The other extremity, remaining free, and about five palms long, is to be reserved for a use that will be presently noticed. A suspensory band of strong linen, made in the ordinary manner, but rather short, will sustain as high as possible on the chest the leather circle just mentioned, in order to avoid any inconvenient pressure on the mamma in the female, and to do away with the influence on the respiratory motions which the band would otherwise exercise, because the thoracic expansion is always greater near the base of the chest. Besides this, a portion of broad leather, disposed in the form of a small sleeve, is to be placed round the upper part of the arm on the injured side, extending from the acromion process to the inferior edge of the deltoid. It is to be attached to the band encircling the trunk, by points of suture near the axilla, and, also, for greater surety, to the edge of the suspensory bandage. When these have been arranged in the manner just described, a compress, several times doubled, is to be placed on the anterior surface of the leather sleeve, and another, a similar one, must be fixed to the thoracic band nearly opposite the sternum.

The compresses are to be fixed in their respective situations by two ligatures composed of several threads, passed through

with a curved needle; the extremity which remains externally free, ought to be sufficiently long to attach and fix the end of a strong wooden splint which is laid from one compress to the other, and, supplying the place of the clavicle, fulfils the object of supporting the shoulder on the fractured side.

Hence it follows that the shoulder which, in the absence of its usual osseous support, had a constant tendency to approach the trunk, will concentrate all its force on the splint; but as the latter is principally supported by the compress and hand surrounding the thorax, nothing prevents these parts from giving way towards the opposite side, and thus destroying the utility of the splint. In order to remedy this defect, the free extremity of the thoracic band, already noticed, is to be passed round the chest under the axilla of the injured side, then round the back and opposite shoulder, and there fixed to the suspensory band: this portion of the apparatus must be kept moderately tense from the commencement of the treatment to the fourteenth or fifteenth day, when nature generally is able to complete the formation of the callus. After this period, to the end of the cure, the band must be made more tense, in order to have more effect. This latter precaution is of the highest importance, for however docile the patient may be, he can scarcely bear an equable constriction during the whole course of the treatment, while in modifying it gradually, it gives much less inconvenience.

Another precaution of great utility is to carry the arm corresponding with the fracture in a sling; or even, if occurrences should require, to fix it by a circular bandage to the trunk, and thus prevent any kind of motion that might be prejudicial. It will be also necessary to apply cushions (*morbidi piumacci*) over those points where the apparatus exercises most pressure. During the treatment the patient should lie in an oblique position, gently inclined towards the side opposite the fracture. The method now described has been applied by M. PAMPINI with full success, to six cases of fracture of the clavicle.

WOUNDS INFLICTED BY OPERATIONS are, probably, so seldom followed by tetanus, because means are adopted to ensure the necessary degree of inflammation which is so condocive to the cure. I have only observed tetanus to succeed to amputation in one instance out of twenty-four capital operations, exclusive of numerous cases of amputated toes and fingers, and in that case it was even doubtful, whether it originated from the amputation, or from a catarrhal affection contracted from exposure to a shower, before the wound was healed.—*Mr. Maxwell in Jamaica Phys. Jour.*

INFLUENCE OF THE NERVES

IN THE

DEVELOPMENT OF THE MUSCULAR SYSTEM.

From the *Bullettino di Bologna* for January last (quoted in the preceding article), we make the following analysis of a paper by Professor ALESSANDRINI, President of the *Academy of Sciences of Bologna*, before which Institution it was lately read:—

In the annals of natural history for 1829, M. Alessandrini published a description of a fœtal calf in which a portion of the spinal marrow was wanting, and observed the singular anomaly that all that part of the system of voluntarily muscles which receive their nerves from the spinal marrow, was also absent.

The vertebral column and spinal marrow terminated suddenly at the tenth dorsal vertebra, and a portion of the trunk, with the posterior extremities, exhibited no trace of muscles: but the parts, intimately composed of cellular tissue, appeared little different from their natural condition; and the integuments, the adipose tissue, the vascular system, and the aponeuroses and osseous system of the same extremities, did not seem to have been influenced, either in regard to development or structure, by the total absence of spinal nerves.

The connexion between nervous and muscular development, is a question that has long occupied the attention of physiologists, but one fact, however striking, is not sufficient to inspire much confidence in any hypothesis on a subject so interesting and so much controverted. A new opportunity soon presented itself to the professor, of judging the question with greater accuracy; he accidentally became possessed of the fœtus of a sow arrived at the full term of gestation, and killed at the public market of Bologna. The monster resembled perfectly the one just alluded to. A great portion of the vertebral column was wanting, and the spinal marrow terminated abruptly at the level of the fifth dorsal nerve; the head, neck, and anterior region of the chest, with the thoracic extremities, were furnished with well-developed muscles; but the posterior part of the thorax and the whole abdomen had the appearance of a large ovoid bag, with aponeurotic parietes, supported inferiorly on the ossa innominata, on which the posterior limbs were fixed. All trace of muscular struc-

ture began suddenly to cease at the points where the osseous parietes of the chest, the vertebral column, and the spinal marrow, were interrupted. Among the muscles which in ordinary circumstances compose the abdominal parietes, there only existed portions of those which arise high up from the thorax, and receive nervous filaments from the first dorsal nerves. A great portion of the thoracic parietes, all the abdominal parietes, and the posterior limbs, being deprived of spinal nerves and voluntary muscles, were merely composed of those parts essentially formed of cellular tissue. The viscera of the thorax and abdomen, where the branches of the vagus and sympathetic nerves could be most easily distinguished, were in the natural state.

The strata of muscular fibres were very visible in the whole length of the intestinal canal, and also on the urinary bladder, because those parts, removed from the empire of the will, are developed under the influence of the great sympathetic.

The second case of monstrosity was still more interesting than the former, because a small portion of the caudal vertebral column reappeared between the ossa innominata, and contained a slender cylinder of medullary matter, from which a few fine nervous filaments, detached, were distributed on some bundles of muscular fibres, representing the caudal muscles: thus the system of voluntary muscles reappeared with the imperfect development of nerves in the caudal vertebræ.

From the above cases of monstrosity the author derives the following corollaries regarding the regular formation and development of parts, and the influence of different systems on each other, with respect either to their mode of formation and growth, or their action and vital properties, viz.—

1st. The nervous system contributes more than the vascular to the formation of the muscular fibre; the bloodvessels in two cases related, were regularly disposed in the posterior limbs, but wherever the nerves were wanting, the absence of muscular tissue was also recognised.

2nd. The muscular fibre is formed, not only under the influence of the nerves of animal, but also of those of organic life.

3rd. In both the monsters, those parts deprived of spinal nerves and voluntary muscles were not completely without traces of a nervous system; for large filaments of the great sympathetic followed the ramifications of the ilia arteries, and those portions of the abdominal vessels not usually supplied with nerves, were in the present case accompanied by numerous filaments.

4th. The absence of nervous substance in the vegetable kingdom brings with it a corresponding absence of muscular fibre, and the coexistence of these two tissues constitutes the essential anatomical character by which animals are distinguished from plants.

5th. The presence, in the second monster, of a portion of spinal marrow totally distinct, and separated by a considerable distance from the rest, shows that the various sections, the different nuclei or centres of the cerebro-spinal axis, are formed and developed independently of one another.

LITHOTOMY

AT THE "HOSPITAL OF INCURABLES AND OF SANTA MARIA DI LORETTO" IN 1834.

M. S. DE RENZI has drawn up and published in *Il Filiatre Sebezio*, a statistical account of the operations of lithotomy performed at the above hospitals, of which the following is an analysis:—

During the last three months of 1834, twenty-six operations for the stone were performed at the *Hospital of Incurables*; of these eight were under 10 years of age; seven from 10 to 20; seven from 20 to 30; and the four others were 40, 50, and 68 years of age. All these patients were of poor extraction, and many in a weakly state of health; they were all operated on for the first time, and one had been afflicted with symptoms of stone for twenty-one years.

The common lateral operation was the one universally employed. Of the twenty-six cases four died; the first an infant two years old, operated upon by a young surgeon, who instead of cutting into the bladder passed the bistoury between that viscus and the rectum; after having worked with the forceps for some time in the vesico-rectal space he discovered his error, and opened the bladder, but the child died next day of peritonitis.

The second patient, 26 years of age, was also operated upon by a young surgeon; the stone was small, but peritonitis set in and the wound became gangrenous. M. DE RENZI attributes the fatal result to the bad manner in which the operation was performed.

The third patient was a young man 27 years of age. On the 10th day after the operation secondary hemorrhage came on, after the cessation of which he was attacked with an intermittent fever.

The last patient, 18 years of age, had exhibited symptoms of stone from his infancy; he died on the eighth day after the

operation, and on opening the body the ureters were found considerably dilated; the right kidney was inflamed, and the left one contained a quantity of pus; with the exception of these four patients, all the rest were cured in an average period of one month.

At the *Hopital of Santa Maria di Loretto* five patients operated on by M. Petrunti all recovered, two in fourteen days, and two more in less than twenty.

If we take a statistical view of all the operations for stone performed in the hospitals of Naples for the last fourteen years, we find that from 1821 to the autumn of 1834, there were operated on as follows:—

Men	426
Women	14
or	
Children	203
Adults	190
Old	47
Cured	375
Dead	65

Hence the number of males affected is to that of the females as 8⅔ to 1 nearly; the number of children, comprising those below fifteen years, almost equals the number of adults and old people together, and the mortality is as 5.769230 to 1.

IMPERFORATE VAGINA.

To the Editor of THE LANCET.

SIR,—The publication of the following case in the pages of your valuable journal will tend, I trust, to illustrate the necessity on the part of obstetric practitioners, of carefully examining the female infant immediately after birth, to prevent any malformation of the genital organs at that time from passing unnoticed, and from which the most distressing consequences, both moral and constitutional, must eventually succeed. I remain, Sir, your constant reader,

J. M. TATLOCK,
Surgeon to the Castlebridge Dispensary.

Wexford, April 2, 1835.

About a fortnight since I was requested to see the daughter of a respectable farmer residing in the neighbourhood of Wexford, who, I was informed, was seriously ill, and required immediate assistance. On my arrival I found the patient suffering much from urinary fever, the bladder greatly distended, she having had complete retention of urine for two days previous. She stated that she was twenty-one years of age, had never had any menstrual discharge, and enjoyed good health until within the last five or six months, during which time she had constant pain in the right side, loss of appetite, and tenderness upon pressure over the whole abdomen; she also experienced great difficulty in expelling the contents of the bladder, which was darker than natural, and occasionally mixed with a bloody mucus. I immediately proceeded to the introduction of the catheter, and drew off a large quantity of dark fetid urine, and on applying my hand over the region of the uterus, I discovered that it was considerably enlarged, of an oblong figure, and extending above the umbilicus, differing much in shape and situation from the gravid uterus during the first months of gestation. On further examination I found an imperforate vagina, which I pronounced to be the cause of all her distressing symptoms, and proposed an operation as the only means of relief, which was readily agreed to.

Having prescribed an active aperient, with warm fomentations, and an anodyne enema, assisted by my friend, surgeon Nunn, I proceeded as follows:—The patient being placed on a table, as in the operation for lithotomy, I introduced a staff into the bladder, and commenced my incision about half an inch below the orifice of the urethra, continuing it an inch downwards and backwards towards the anus. Cutting through a hard fleshy substance of at least an inch and a quarter thick, which plugged up the orifice of the vagina, and on dividing it gave exit to upwards of two quarts of dark viscous blood, resembling treacle, without being in the least putrid, or having a disagreeable odour, and which, from its pressure on the neck of the bladder, had caused the retention of urine. One remarkable circumstance connected with the discharge of the fluid, was the violent uterine action, which continued during its expulsion, similar to, and apparently as distressing as, the pains of labour.

I concluded by introducing a plug, smeared with oil, into the wound, which plug I have advised to be worn occasionally, and I am happy to say that my patient has now perfectly recovered, and is attending to her ordinary duties.

HISTORY, PATHOLOGY, AND TREATMENT,

OF

RING-WORM AND SCALD-HEAD.

By SAMUEL PLUMBE, Esq., *Surgeon, London.*

[Continued from No. 694, page 928.]

In my last paper I rather too exclusively attributed the formation of the lupine-seed scab to the absence of washing, the application of ointments, &c. There is one other circumstance of importance however, which influences its formation, namely, a more than usual irritability of the skin. A small scab may be formed on such a skin in twenty-four hours, and any attempt to disturb it will be attended with great pain, and if the child happen to have very indulgent parents, the part is not allowed to be touched. In such a case we may see the germ of the scab very early, but the least we can do is to direct some sort of ingredient, or lotion, to be applied, and then its growth in its regular form is impeded, and scabs of an undefined and irregular formation take its place.

Now if the original form of this disease be that of a circle of minute vesicles filled by a fluid which, when applied to other parts of the body or scalp, communicate the disease by contact, what is the first measure which common sense would dictate? In one or two spots at the beginning we have an enemy to combat, and if we do not at once deprive these of their contagious powers, they are very shortly multiplied, and we have a dozen enemies instead of one or two. By temporizing measures it is not uncommon, nay it is the almost constant result when these are employed and depended on, that the original spot seems to promise a cure. There are appearances of new hair on the part; there is less irritation; the new hair is mixed with an equal portion of the towy substance which I have described; it grows, and seems to gain the ascendancy; but then other spots, in the interim, have made their appearance and are spreading in different and distant parts of the head; and thus the hopeless task is perpetuated. The fate of the young and anxious practitioner who heals a family of children with ring-worm in this manner, is without a parallel, except it is found in that of the fabled Sysiphus.

The first movement should consist of the destruction of the power of communication by contact, of every spot which can be detected on the most rigid examination. The second should consist of measures which will lessen the chances of new spots being formed, or, rather, of the infectious fluid being lodged on other parts of the scalp,—latent, perhaps, as regards its influence, but almost certain, in a short time, so remaining, to produce the characteristic disease elsewhere. These two principles of treatment will, inasmuch as they are founded on sound pathological views of the disease, be sure to lead us, as I hope to be able to show, to a successful treatment.

There is in the original spot (I speak now without reference to its constitutional origin) a magazine of contagious matter formed; it is irritable and itching; the child scratches it; there is soreness of the part, and the child dislikes to have it touched; yet the itching compels it to scratch. Now can these phenomena exist without exciting the supposition of active inflammation of the solid structure of the cutis of the part? And yet the usual remedies employed by medical men consist of *stimulants* of different kinds,—ointments of nitrate of mercury, of calomel, of white precipitate, of nitrate of silver, of tar, of sulphur, of cantharides, of hellebore, of sulphur and mercury combined, of arsenic, of superacetate of lead, which, in the form of ointment, is anything but a sedative; of tobacco. Indeed, the enumeration of the whole would be an endless task. In a future paper I shall enter more fully into this part of the subject, my present object being the elucidation of that extraordinary feature of the disease, the withering and destruction of the hair.

I said in a former paper that it was essential to know *well* the pathological features of other diseases, or deviations from health, which occasionally show themselves on the scalp, in order to avoid confounding them with this, and treating them as contagious ring-worm. The first of these is the *alopecia* or baldness of different parts of the scalp, beard, whiskers, pubis, &c—the affection termed by Willan the porrigo decalvans. It consists of the complete falling off of the hair of the part; *no withered stumps remain; no irritation or itching is felt.* The bald patches, like ring-worm, are, perhaps, in the majority of cases, circular, but this form it does not wear by any means so frequently as does the contagious disease. Willan's only reason for classing it with ring-worm was, that he had seen a case or two of it where the former was known to exist extensively in schools. It is not common in children, but, on the contrary, is almost exclusively confined to persons who have passed the age of puberty; very often showing itself on the heads, beards, and whiskers, of young men who are tenacious of personal

appearance, converting, in a dark-complexioned man, the masculine and black appearance of the mouth to the white, bald, and soft character of that of a female—robbing him perhaps of half one black whisker, while it leaves the other entire, and then, after a few months, when some promises of a return of hair on the first affected cheek appear to be made, the opposite whisker vanishing like magic! Bald patches on different parts of the scalp appear, and new hair again covers them, and I have under my eye now cases which have evinced these capricious changes for years.

The diagnosis, as regards this affection and ring-worm, is easy. If the individual have passed the period of puberty, this will itself be almost conclusive proof that *it is not the contagious disease* of which he complains. If the bald spot be carefully examined after this period, and soon after its first appearance, the skin will be found to be of a marble whiteness; no irritation or itching is ever present; nor is any trace of hair, even of the most delicate kind, discovered. If, on the contrary, the spot have been bald for a considerable time, some white, or rather gray hair, of an extremely weak texture, and of more than silky firmness, may be traced. In the first case, if the hair surrounding the spot be removed by the razor, a very striking feature presents itself. The bald spot of cutis is found to be depressed below the level of the surrounding skin, forming a perfect *circular indentation*. Pressing the finger on the healthy adjacent scalp, you feel a thick substance intervening between it and the skull. On the bald spot, however, you have merely the cutis between the bone and the finger. In all such cases there has been a wasting of the adipose structure under the cutis in which the bulbs of the hair grow, and from which they derive their nourishment. The return of healthy hair in such cases is extremely uncertain, but as far as my experience goes, it may generally be expected, with confidence, if the individual be under forty years of age, to grow again spontaneously in a few months. Nostrums are had recourse to, and are advertised extensively; they have also been extensively tried by individuals who have consulted me, but I know of no case in which they have been successful in restoring the lost hair.

To return to the specific disease, ring-worm, and to the pathological explanation of its chief phenomena: It is plain that we have not in this real and most troublesome affection, at any period of its history, any signs of inactivity, or what the professors of a knowledge of medical science have agreed to call a "chronic" disease. *It is not a "chronic" disease*, and though a pigmy in stature, it is, as far as regards its influence on the comforts of society, ever active, and evincing gigantic powers in the destruction of those comforts. Nay more; in ninety cases out of every hundred, the education of the child who is its victim, is partially or entirely suspended so long as the disease exists.

That the excessive irritation of the cutis during the formation and spreading of the vesicles of ring-worm explains the destruction of the hair of the spot, I had promised to prove in the present paper; but as my other object of showing how it may have been confounded with other affections of a dissimilar nature has inadvertently occupied part of the space intended to be devoted to this paper, I must defer it.

Cutaneous Incrustations.—*To the Editor.*—Sir, Allow me to correct a statement made by Mr. Plumbe (no doubt inadvertently), in his paper on Ring-worm, in No. 602 of your publication. He therein states that Willan "has persisted in the error of considering the form of an incrustation, or a scab, as the characteristic feature of a disease, and that the French writers have also fallen into the same error." Now none of the three best of recent French writers on Diseases of the Skin, viz, Biett, Alibert, and Rayer, consider the crusts as a "characteristic feature" of a disease. Rayer, in particular, objects to any classification founded on these secondary forms, as may be seen in the introduction to his work on cutaneous diseases. He certainly observes, very truly, that in tinea favosa the crusts assume a peculiar cup-shape; but although he uses this fact (in this one disease) as a means of assisting his diagnosis, he does not allow it to influence his classification. My object in making these remarks, is to correct the impression, which Mr. Plumbe's assertion has a tendency to produce, that the French writers in general base their classification on the form of a secondary stage of disease, viz., that of incrustation. I am, Sir, your obedient servant,

W. B. Dickinson.

Cateaton-street, 31st March, 1835.

MEDICINAL PRUSSIC ACID.

LETTER FROM MR. EVERITT.

To the Editor of THE LANCET.

SIR,—In consequence of the manner in which Mr. Laming has commented on a paper of mine (see *London and Edinburgh Philosophical Magazine*, February 1835) in THE LANCET of the 28th March, I deemed it necessary to make a few observations last evening at the *Medico-Botanical Society*, for an outline of which I beg a place in your Journal.

First. He complains that when I gave to the public the results of a careful set of experiments on the strength of medicinal hydrocyanic acid to be found in the London shops, I did not acknowledge a published paper of his showing the same results. The reason is most substantial, viz., that I knew of no such paper, nor do I at present know where to find it, unless he allude to the wrapper of his cyanide of potassium, all I find there (in the eighth page) is a bare tabular assertion without any detail of authority that Scheele's acid contains from one and a half to three grains in the f. drachm; and I beg to remind him that even had it been more circumstantial, wrappers to a sort of patent medicine are seldom referred to as scientific authority.

Secondly. He objects to my alluding to Mr. Barry's practical experience that the cyanide of potassium was unmanageably deliquescent, and states in refutation that he had kept some in a corked bottle for two years without any deliquescing, which is equivalent to saying that a thing cannot act there where it is not; for every chemist knows that a well-corked phial does not admit the egress and ingress of air. It was of course to the necessity of exposing this to air during weighing &c. that Mr. Barry alluded. How far any inconvenience may thus arise I have since put to actual trial. Thus fifteen grains of his cyanide was exposed on a watch-glass placed in the pan of a delicate balance in an ordinary apartment; it gained moisture at the rate of two-tenths of a grain for every quarter of an hour, for the first hour, and rather slower the second; so that at the end of two hours it weighed 16.3 grs. On exposing by way of comparison fifteen grains of subcarbonate of potassa to a similar trial, I find that it gained moisture as nearly as possible at the same rate, if anything a little faster: such results must of course vary with the state of the atmosphere and the surface exposed.

In my opinion this rate of becoming damp cannot at all interfere with the elegant and happy application of the cyanide proposed by my friend Dr. Thomas Clarke (Mr. Laming must excuse my not placing his name here), as ordinary care in closing the bottle after some has been removed for use, will prevent absorption of water.

Thirdly. Mr. Laming affirms that his acid can be made at half the expense of that prepared by the method I proposed; this is true, if he allude to the suggestion of using the cyanide of silver and muriatic acid; but this was a mere hint thrown out at the end of my paper, for the cost of which I there make some apology. But let us see how matters stand as to price if we compare his results with those of a process, a very careful exposition of which occupied six sections out of ten of that paper. On consulting we find that 212 grs. of commercial ferrocyanate of potassa (sold at 2s. the lb.) will yield on careful distillation with sulphuric acid, 41 grs. of red hydrocyanic acid,—hence:—

212 : 41 :: 7000 grs. (1 lb) : yield
1354 grs. for ..... 2s. 0d.
Sulphuric acid about ..... 0s. 2d.

Cost of 1354 f.ʒ of acid, supposing 1 gr. to the drachm ..... } 2s. 2d.

Much less than one farthing the fluid ounce instead of his sixpence for expense of materials. By attending to the instructions there given, any working chemist can conduct the process; and by a little subsequent trouble as to assaying, adding alcohol if deemed advantageous, an unobjectionable acid may be obtained; in fact, it is a process used in many of the continental pharmacopœias (see Geiger's *Handbuch der Pharmacie*, vol. 1, p. 323). It would be well that every druggist should have on the label of the bottle the number of grains of real acid in every f.ʒ, instead of the indefinite term "Scheele's strength." It was comparatively to the salt used in this process that I alluded when I said the cyanide of potassium was dear, one being 2s. the lb., the other 10s. the ounce. This difference ought not to be an objection if a uniform acid can be more easily ensured. My friend Dr. Thomas Clarke's method for preparing cyanide of potassium will, if his instructions be strictly attended to, yield a very good and perfectly white product, as I have repeatedly found, and in order to have absolute purity all that is necessary is to crystallize it from boiling alcohol.

In conclusion, as a very old friend of Dr. Thomas Clarke, I cannot refrain from noticing that on reading Mr. Laming's eight pages of printed wrapper, my friend's

name was not once to be found, and that on the first page are three letters, one from Dr. A. T. Thomson, one from Dr. A. B. Granville, and one from Dr. J. A. Paris, in which the whole merit of my friend's elegant and happy suggestion is transferred to Mr. Laming. I trust these gentlemen will make known how they have been unwittingly induced to appear to sanction this injustice. For on comparing the two formulæ, the only difference is, that Mr. Laming adds a little alcohol and makes his a little weaker. All that is original belongs exclusively to Dr. Clarke. Mr. Laming ought to have been more circumspect as to the manner of commenting on my paper, for people may be apt to think that in this case he has exerted his ingenuity for the sake of gratuitously advertising his secretly-prepared salt. I have the honour to be, Sir,

Yours respectfully,

THOMAS EVERITT.

28, Golden-square, April 8, 1835.

NEW ORGANIC PRINCIPLE.—Dr. Reichenbach, in continuing his researches into the products of the distillation of organic bodies, has separated a new oily substance, which is very distinct from the eupione, creosote, &c. This substance is extracted with great difficulty; the author calls it *capnomore*, because it is particularly found in the smoke of organic bodies destroyed by fire. In its pure state the capnomore is a transparent colourless fluid, with an agreeable odour resembling rum-punch; it is of the specific gravity of 0,9775, at 26°; it boils at 185°, and does not freeze even at 21°. It evaporates without leaving any residue, and is not a conductor of electricity. It acts as an acid with the vegetable bases, and as a base with sulphuric acid and the salts. The substance is distinguished from the creosote and picamare by its taste, its insolubility in alkalies and acetic acid, and the facility with which it dissolves gum-elastic. It differs from eupione by its specific gravity, boiling point, &c. The capnomore is found in soot, particularly that derived from the beach-tree, and in the animal oil of Dippel.—*Journal de Chim. Med.*, No. 4.

An Essay on Diabetes Mellitus.—By W. RODERICK, Esq., London. *Lindsay*, 1835, pp. 36.

DIABETES is a disease not very frequently encountered by the practitioner; and although it has been ably chemically investigated, its history cannot yet be considered as complete. Its intimate nature and causes have particularly attracted the attention and the speculations of pathologists since the elements of the organization, and of the various secretions, have been known. Some have believed that the laws of chemistry may be profitably applied in explanation of the morbid as well as the healthy products contained in the urine. If these inquiries have not afforded any satisfactory explanation of the causes of diabetes, they enable us to distinguish this disease from all others with great facility, and to ascertain when any real improvement takes place: it is, consequently, now possible, and certainly is very desirable, to trace the history of this disease, the succession of its symptoms, the proportion of the saccharine matter to the urea in the urine, and to other secretions; and more particularly to determine the natural duration of diabetes, or whether it invariably terminates fatally, unless arrested in its career by medical treatment. The different methods of treatment may be afterwards compared.

Mr. RODERICK in his essay shows that he has read nearly all the valuable works which have appeared on diabetes; and he has now attempted to lay before the profession in a condensed form, the principal facts connected with the subject. He is evidently a young writer, but this production promises well for his future success. Industry, and exercise of the observing and reasoning faculties, seldom fail to reward a laudable ambition. We extract from Mr. RODERICK's production an account of a case which was treated by Dr. WEBSTER, and ultimately cured. The treatment was varied, but a meat diet and opium appear to have been the agents on which Dr. Webster placed most reliance.

"Benjamin Hamer was admitted an inpatient of the Salop Infirmary, under Dr.

Webster, on the 12th of May, 1832, labouring under diabetes mellitus. When first examined, the patient complained of great thirst and a voracious appetite; he slept but little at night. About a twelvemonth ago, during harvest time, he recollects sleeping out all night in the open air. He has considered himself wasting a long time, but not till within six months ago has his attention been directed to the great quantity of urine which he voids, the daily amount of which is nine quarts. Pulse 100.

℞ *Nit. Acid. Dil.* ℥xx;
Tinct. Opii ℥x;
Aq. Cinnam. ℥i. Ft. h. ter in die sumendus. Cucurb. c. ferro lumbis. admoven. et postea empl. lyttæ.

"May 14. In this interval no material change has occurred; nearly all the symptoms have remained stationary.

℞ *Argenti Nitras.* gr. ii;
Extr. Opii gr. viii. Ft. pil. viii. Capt. i ter in die. Cont. mist.

"16. Pulse 100. Urine measured about eight quarts one pint; complains of his head being very light after taking his medicine; he suffers great disturbance in his sleep by his frequent getting up to make water; has palpitation of the heart, but thinks himself stronger in his back and limbs.

"17. Voided from four o'clock p.m. to twelve a.m. next day, ten quarts one pint of urine. Baln. calid.

"18. Appetite not so good as usual, ate but very little this morning; his thirst continues much the same, with little or no variation in his pulse. After he came out of the bath he was very badly purged, and complained of being very sick at heart. The urine from four o'clock p.m. yesterday to five o'clock a.m. this morning, measured about seven quarts.

"May 12. The urine measured about nine quarts; appetite some little better.

"21. The urine measured about eight quarts; he slept very well till about the middle of the night; appetite much about the same; his tongue appears quite chipped. Rep. mist. et pil.

"24. Feels himself much better; appetite better than usual; urine measured about seven quarts (or three quarts less than when he came in). Baln. calid. Rep. omnia medicamenta.

"27. The urine measured about seven quarts; his appetite continues to improve.

"31. The urine measured about six quarts, but feels himself rather worse; has headach, and occasionally pain in the loins. Cucurb. cruent. lumb. adm. et postea emp. lyttæ.

"June 4. Patient feels himself much better; appetite has again returned; urine measured about five quarts one pint; bowels quite regular. Rep. omnia.

"6. Patient much worse; his urine is increased to eight quarts, in consequence of his having eaten a large quantity of pudding yesterday evening; he had scarcely any or no sleep last night.

"7. Appetite very good; bowels quite regular; thirst not so great as usual; urine measured about five quarts; has no sickness after taking his medicine as before. Rep. omnia.

"11. The urine measured about four quarts one pint; his general health continues about the same. Cucurb. cruent. lumb. adm. et postea emp. lyttæ.

"14. Patient a little worse, and thinks his thirst greater than usual; has had but very little sleep for the two last nights; urine measured a little more than four quarts; appetite very good.

℞ *Hyd. Submur.* gr. iv;
Ext. Colocynth. gr. iv. Ft. pil. h. s. s.

"18. Patient much better in health; urine mesured about three quarts. Rep. omnia.

"19. Patient rather worse; appetite not so good; urine measured about the same as yesterday.

"22. Patient's general health continues to improve; appetite very good; pulse 80; his tongue does not appear so much furred, although his thirst continues very great; his diet from the commencement has been principally flesh meat (beef), morning, noon, and evening, and one quart of porter; his urine measures the same. Adde pilulis *Ext. Opii* gr. ii.

"On the 23rd I boiled down one quart, wine measure, of the urine, which contained one ounce and a half of solid extract; three days afterwards I dissolved about one ounce of the extract in warm water, to a small portion of which I added a solution of the nitrate of silver, which afforded a curdy appearance; with pure urine it affords a curdy precipitate; to the remaining quantity I then added three or four drachms of the nitric acid, by which I found it did not contain a single particle of urea* (??)

"26. Patient considers himself to be as strong and healthy as ever he was, although his thirst continues the same. Rep. omnia.

* Mr. R. should have stated how he ascertained this circumstance. If the nitrate of urea be much diluted, it does not crystallize.

"28. Patient going on very well; his appetite continues very good; his sleep is now more refreshing and prolonged; he suffers very little disturbance in the night, and finds his strength recruiting very fast; he is now very solicitous to be discharged; his urine measured one quart and a pint this morning. Cucurb. c. ferro lumb. adm. lyttæ postea.

"July 5. Patient continues very well; all the symptoms are so greatly improved that he is quite unwilling to stay any longer in the hospital; his urine measures but one quart; pulse 80.

"7. Patient left the hospital quite well."

Table of Medical Botany for the use of Students. By JOHN BARNES, Lecturer on Materia Medica. London, Sherwood.

THIS is a useful pocket compendium of the classes, orders, places of growth, forms of exhibition, properties, doses, active principles, and names of the plants used in medicine, and the facts which it contains are those which young medical botanists most need to fix in their memory, compressed into a small form, and stripped of superfluous literary matter. "Epitomes of knowledge" are often gross deceptions, and we are always cautious in their recommendation, even as aids to the memory. However, when a competent teacher devotes his time to compiling and condensing instructive facts, a benefit results to the student, to whom the production is as serviceable as a well-kept journal of the past. The conspectus of Mr. Barnes is an instance in point. The tabular form is well suited to the object of his labours, which is clearly arranged, and neatly printed, and has our recommendation as a cheap and useful adjunct to the stock of medical books.

The Jamaica Physical Journal. Edited by JAMES PAUL, Esq. Published Monthly at Kingston. 8vo. 120 pages.

THE spirit and energy of Mr. Paul have been successful in rearing a medical journal in the distant and confined region of Jamaica, while death, or only a lingering existence, constantly marks similar efforts even in the very metropolises of the mother country. The chief features in the Jamaica journal are its judicious compilations, of which THE LANCET has had the pleasure of supplying five-sixths in amount. The surgical lectures of Wardrop, our translations of Dupuytren, extracts from the course of Dr. Grant, our occasional clinical lectures, our analyses from the foreign Journals, and the communications of our correspondents, have all by turns undergone the useful process of transference to its pages. The last published number of the journal has just reached us, and in that, for instance, we find Mr. Wardrop's lecture on general blood-letting, letters of four of our contributors, four of our translations from the French, a report from the London Phrenological Society, and, amongst others, our verbatim report of the army medical dinner at the Thatched House Tavern, some time since, Mr. Knife in the chair, with the excellent and characteristic speeches (*in vino veritas*) of Sirs H. Halford and J. M'Gregor.

The original papers in the previous numbers we have never had space to notice, and they have hardly been sufficiently interesting to the readers in this quarter of the world to carry us out of our way to extract them. The last number is more diversified in this respect, and we give brief notices of them below. We may observe here, that local medical politics seem to afford abundant matter for discussion in "leading articles," of which each number of the journal contains several.

ANTI-HEMORRHAGIC EFFECTS OF IPECACUANHA.—Dr. John Miller has some observations on the arrest of uterine hemorrhage by ipecacuanha. After alluding (by several references) to the rarity of its approbation or employment by British practitioners, he says, speaking of its combination with opium in the proportion of one or two grains, "I was called to a case of uterine hemorrhage after abortion, and prescribed ipecacuanha in the above manner with excellent effect. I have since employed it in eight or ten cases of bleeding from the womb, generally dropping enough of laudanum on powdered ipecacuanha to form a mass to be divided into pills, each containing

two grains of the powder. One of these is given every hour, and I have seldom, if ever, known it necessary to give more than three before the hemorrhage was stopped. I have not employed this medicine in any cases of hemorrhage, except from the uterus, having in general recourse on such occasions to small doses of acetate of lead, which, even after surgical operations, may be useful. In a case where I had occasion to make a considerable incision into the urethra, and which, for several hours, was followed by an effusion of blood much more copious than was desirable, I gave a draught containing two grains, by which the bleeding was instantly suppressed. To those, however, who may be unwilling to administer lead internally, from prejudices imbibed during their education, the ipecacuanha will form an excellent substitute, and in bleeding from the womb, perhaps, a safer, and as far as my experience goes, a certain remedy."

Issues in the Thighs in Angina Pectoris.—Dr. Miller in some remarks on the treatment of Pica Africanorum (closely resembling the Anemie Générale of Andral), in the progress of which angina pectoris becomes a prominent symptom, writes thus on the treatment of the angina:—"Recollecting some cases related by Dr. Darwin, in which he had adopted a practice recommended by Dr. Macbride, of Dublin, of putting issues into the thighs in cases of angina pectoris, I thought it worth while to try whether relief could not be obtained from this remedy for these symptoms in cases of anemia Africanorum. The first case in which I tried them was a young man who had had the complaint for a short time, and arising from causes which I could not ascertain; pea issues were put into the middle of the inside of each thigh, and as soon as the drain was properly established great relief was experienced, and in five weeks the disease permanently disappeared. I have since employed them in many cases of this disease with very great advantage, having uniformly found these distressing symptoms to be much alleviated by them. A child, two years of age, whom I scarcely expected to live sufficiently long for the establishment of an issue, derived thus the greatest benefit; the issues were kept up for about two months; he completely recovered, nor has he had any return, though the case occurred more than two years ago. I had several others who got well under this treatment alone, but of late I have combined them with the use of the rust of iron, and a shower-bath two or three times a week. Darwin expresses it as not very easy to explain the theory of the effect of issues in angina pectoris. I am equally at a loss to account for it in the cases before us, but as an empirical remedy I have derived great assistance from them, and believe others may do the same. They have one inconvenience: negroes do not like the trouble, and must be constantly watched, lest they allow the issues to dry up."

Guaiacum in Ulcers and Syphilis.—From the same paper we extract the following:—"In practising among negroes, perhaps the chief annoyances are the obstinate ulcers and eruptions to which they are so liable. I have tried many remedies in such cases, and have perhaps derived most benefit from guaiacum taken internally. This medicine, which was at one time so highly extolled, has been retained in the pharmacopœias of Europe, rather perhaps from respect to the older authorities, than from any belief in its efficacy at the present day. Indeed, I am convinced that the resin and dried chips are almost wholly inert. But if the wood be taken from the tree soon after the first rains of the season, when the sap is proceeding in abundance through the vessels and before it has had time to harden; a strong decoction then prepared in the official manner will frequently be found of the greatest service in the complaints for which the decoction of sarsaparilla is still largely employed, and for the cure of which the guaiacum was formerly much praised. With respect to the efficacy of the latter in curing Lues Venerea, there can be no doubt that many or indeed most patients would recover under the method used in Hispaniola, and originally adopted in Europe. But the experiments of late years, especially of the late Mr. Rose, of the Coldstream Guards, have proved that under very spare diet, and almost absolute rest (which formerly were strictly enjoined on those undergoing a course of the decoction of guaiacum), the venereal symptoms will vanish without the exhibition of any medicine whatever. Still, benefit appears to have been derived from the decoction, and I have no doubt that when employed in the seasons just recommended, it forms a valuable article of the materia medica in climates favourable for the growth of the tree. But that season I fear is short; and my experience hitherto inclines me to believe that it rarely extends beyond three months from the first rains of the spring."

Remarkable from Recovery Rupture of the Abdominal Parietes.—A

most severe accident of this kind, in which the intestines all protruded, is related by Dr. ROBERT BRUCE, of Vere. "On the 7th of January, 1834," says Dr. Bruce, "at one o'clock a.m. I was sent for to visit an African woman, aged 62, belonging to Liberty Hall Plantation, who had gone out at night, and encountered a cart. The night was dark, and the poor creature, with her senses of seeing and hearing naturally blunted, struck full against the horn of one of the cattle. The alarm was soon given, and the overseer found her 'hauling her intestines up the bank, fearing that those who might come to her assistance would tread on them.' She was conveyed to the hospital. When I arrived (one hour after the accident) and removed the sheet that covered her, almost all the intestines, and part of the omentum, lay by her side, covered with cane-trash, sand, cinders, &c. My first impression was, that she could not survive many minutes; but my hesitation was only momentary; she spoke; I gave her some wine, and proceeded to wash the intestines, and examine the injury. The wound was rugged, about five inches in length, and commencing two inches above the pubes, an inch to the left of the linea alba; its course was obliquely upwards and outwards, terminating about an inch higher than, and three inches to the left of, the umbilicus. There was of course very little hemorrhage. The intestines were cold, and in some parts of a colour approaching to livid, but not injured. They were completely distended with flatus, which rendered their reduction extremely difficult, owing to the violent spasmodic action of the diaphragm and abdominal muscles which attended every attempt. If a similar case occurred to me again, I would make small punctures, *with a sharp lancet in the direction of the muscular fibres*, in the intestines (as few, however, as possible), to allow the escape of air, as I am certain the *force necessary for reduction* would be the most likely of the two to produce bad consequences. Altogether half an hour must have elapsed ere the reduction was completed. I then secured the wound, gave her forty drops of laudanum, applied sinapisms to the extremities, and ordered a little arrow-root and wine occasionally. In two hours the natural heat was restored, pulse 100, small and intermitting; she complained of much pain; I ordered an enema of gruel, containing sixty drops of laudanum. Calomel, 12 grs., aromatic powder, 20 grs., divided into six powders, one to be given every three hours. Gruel enemata every hour, which seemed to give relief. 8th. Had a pretty good night; passed little or nothing with the injections. Removed the bandages, and reduced a small portion of the colon that protruded between two of the sutures; used warm fomentations, continued the injections. 9th. Improving and cheerful. On examination I found that a small portion (not so large as a *fippence*) of the intestines reduced yesterday had sphacelated, and that the contents of the colon were escaping through the aperture. She was considerably relieved; pulse 95; thirst not so urgent; skin moist; tension of the abdomen partially removed; could bear pressure better; stomach not so irritable; the injections had little effect; ordered a tablespoonful of common salt to be added to each. As the bowels operated freely through the opening in the colon, the tisan was discontinued. 11th. Much relieved; had several free evacuations per anum. I now directed my attention to the opening in the colon, and found that adhesion had taken place between the gut and the parietes of the abdomen; brought the edges of the wound (including the gut) together, with two stitches, adhesive plaster and bandage. The healing process went on very kindly; she recovered rapidly from this time, and *in ten days was sent home.* I did not see her afterwards, and I regret to say she died about six weeks after her removal, from fever. This case tends to lessen the general dread of peritoneal inflammation after operations, especially in the negro."

FIERCE ATTACK OF EPIDEMIC VARIOLA.—After the relation of a case of scrofula in a negro, successfully treated by Mr. C. H. Dermott, the Editor (Mr. Paul) gives some account of a severe epidemic variola, which visited Kingston in 1831. Varieties of the disease occurred on this occasion, which baffle all description or relief; and one kind, which Mr. Paul denominates "*measley*," where no vesicle arose, the skin being thickly studded with the eruption in large purple blotches, the strength prostrate, and the patient in a state of low delirium, particularly occupies his attention. This variety has been fully described by Sydenham. No treatment availed in these cases, the system gradually gliding into decomposition, and ending fatally in 7, 8, or 9 days. The paper is concluded with the following shocking relation:—"I cannot close this part without adverting to a case which I, among others, was requested to visit, that, if possible, something might be advised for the poor boy's benefit. But such a spectacle, in the course of my life, I never saw before.—He had been ill for some time, and such was the solution of the solids, that the scapular extremity of each

clavicle had separated from its attachment, and had worked its way through the flesh, about three inches from each shoulder, where they appeared, from 1½ to 2 inches in extent, naked and dead bones, denuded even of the periosteum. Both trochanters were exposed, and the knee-joints were in the same state; indeed, no limb could be raised without fear of separating its attachments. The flesh was of a livid colour, discharging a thin sanies, having the appearance of animal food in the last stage of putrescency; yet this object retained life, I believe, for some days after I saw him. Nothing could be of use in such a case. The dreadful appearances which occasionally presented themselves to the view of those who were much engaged with the numerous cases of small-pox that occurred amongst the poor of this city, can scarcely ever be blotted from their remembrance."

Acute Traumatic Tetanus.—An excellent paper on acute traumatic tetanus and trismus nascentium, by Mr. Maxwell, Surgeon to the Monotto-Bay Marine Hospital, is next inserted, accompanied by accounts of several autopsies after the fatal termination of the disease. Mr. Maxwell says, that opiates, mercurial frictions, and warm-baths, have been successful in two-thirds of the cases of tetanus, from cold, which he has treated. He alludes to several cases in illustration of the arbitrary character of the disease in the selection of its victims,—a slight scratch from a rusty nail, the puncture of a lancet from hydrocele, the simple extraction of a tooth, being causes in some of them. One case, which presents several very interesting facts, is thus summed up by the author:—

"This was a well-marked case of acute symptomatic tetanus, arising from a trifling wound, pursuing its steady path, without the alleviation of a single symptom, and terminating fatally in fifty-two hours. It has been thought, that if once the system could be brought under the influence of *mercury*, the patient would have every chance of recovery. The failure of it in this, as well as in many other cases, when the mouth was streaming, and when the system was fully saturated by inunction, disproves this assertion. There were three remarkable circumstances in this case; the *complete absence of spasm under the cartilago ensiformis*, the *open state of the bowels*, and the anomalous affection of the neck being *a mixed spasm*—first of the opisthotonic, and then of the lateral traction. The spasm under the sternum is generally regarded by medical writers as pathognomic of the disease; but that sensation varies much in different individuals.

"The costive state of the bowels is a frequent concomitant in tetanic affections, but as opiates are generally administered, it has been doubtful whether the costiveness has been the effect of the opiates or of the disease; notwithstanding the *free use of opium* in this case, *the bowels were in an open state throughout the disease*,' a circumstance which I have observed once or twice before. The singular manner in which the paroxysms were renewed, first by violent retractions of the head, and then by the lateral fixation during their continuance, is one of those deviations that is occasionally observed in all diseases. Sauvages mentions a variety of this affection under the head of 'tetanus lateralis,' but except in this instance I have never seen it."

In another case tobacco and bleeding were put to the fullest test, the disease proving fatal within the fourth day. A splinter in the thumb was the exciting cause. Mr. Maxwell says, in conclusion, "I was induced to adopt the above line of treatment, from observing the powerful effects produced by venesection and tobacco enemata in hepatic ileus, the strong convulsive spasms in which disease, attended with intense pain and profuse perspiration, were generally benefited by this treatment. The administration of the tobacco glysters was uniformly succeeded by extreme prostration of the powers of life, bordering upon syncope, and during this collapsed state the spasms were always moderated, holding out illusive hopes that by their repetition some favourable change might take place. I had, subsequently to this period, an opportunity of perusing a paper by Dr. Anderson of Trinidad, in the 2nd volume of the *Transactions of the Edinburgh Medico-Chirurgical Society*, wherein that gentleman speaks in terms of eulogy of tobacco-baths and fomentations of the indigenous herb in traumatic tetanus. From the confident manner in which he recommends the baths and fomentations, and from the temporary suspension of spasmodic action in the preceding case, I was determined to give it a fair trial whenever an opportunity should present. It was not long before a case occurred."

The subject of it was a stout healthy seaman; the tetanic symptoms had existed for twenty-four hours before his admission into the hospital, and the cause was a slight puncture of the right great-toe a fortnight previous. He had been bled and purged before his admission, and Mr. Maxwell says,—"I now recommended tobacco-baths, strongly impregnated with

the indigenous plant; the foot to be immersed in hot water for an hour, and afterwards to be covered with tobacco cataplasms. Enemata of the herb were also ordered; but although they produced extreme nausea, vomiting, and exhaustion, every time they were used, the spasms returned with renewed severity, and a general convulsion terminated his sufferings exactly forty hours from the time the symptoms were first observed."

TRISMUS NASCENTIUM.—Mr. Maxwell has several excellent practical observations on this disease, in which careful post-mortem examinations were made. We present a summary of his views in the following extracts:—

"The disease," he says, "was much more frequent amongst negro infants a few years ago than it is now. From observations that I have made for a series of years, as accurately as circumstances would allow, I found that the depopulating influence of trismus nascentium was not less than twenty-five per cent. It scarcely has a parallel within the bills of mortality. All our resources lay in the prevention, and not in the cure of this spasmodic affection. From what I have observed of infantile tetanus, it appears to me to be purely of that traumatic species which succeeds to wounds, aided by some peculiar state of the system. Many ridicule the idea that trismus originates from irritation, produced from improper treatment of the navel, but careful observers will soon recognise the leading features of this disease, to be exactly similar to those of traumatic tetanus, and they will also soon perceive that both diseases arise from neglected wounds."

He concludes his paper on tetanus and trismus by the following remarks on the pathological cause of those diseases:—"The principal pathological appearances observed in all the cases related, whether in adults or infants, bear a striking similarity to each other; and all evince in the most unequivocal manner the unequal distribution of the blood and its concentration on those parts which are most essential to life. There can be no doubt that the *fons et origo mali* is primarily generated in the wound itself, as it uniformly exhibits alterations from the healthy state previous to the induction of spasm. This is so well known to negro-midwives, that they frequently prognosticate with precision whether trismus, or 'big-sick' as they call it, will follow from the altered state of the navel."

MATURITY OF THE VACCINE PUSTULE.—Dr. Bancroft has communicated (from a friend) a useful paper, which was read before the College of Physicians and Surgeons of Jamaica, on vaccination. We extract the following:—"Much experience has convinced me, that it is an error to suppose, that when the vaccine pustule does not arrive at maturity by the eighth or ninth day, it will not succeed. Some years ago, when no cow-pock matter was to be had where I then resided, I obtained a little within two glasses, from a very distant quarter, with which I vaccinated a child two years old. The pustule, however, did not begin to rise for eleven days, and took fifteen days to ripen. From this child I nevertheless vaccinated others, and from these many more, supplying the profession at the same time with matter, so that a very considerable number of children was then vaccinated with lymph that had no other origin than the slow pustule of fifteen days' growth, as just mentioned: yet when the small-pox subsequently appeared there, the children so vaccinated escaped it wholly."

With this we close our extracts. There are some other original papers in the number, but they are less of a professional character. We see amongst the "news" that the practitioners of Jamaica are beginning to abandon the practice, as a remuneration for their professional services, of charging for the medicines supplied, as a custom which is "unworthy of an enlightened age, and a respectable body of men." A scale of fees has been promulgated by some of them, but as the items are too high for this quarter of the world, it does not afford a model which may be usefully set before their brethren in England.

THE LANCET.

London, Saturday, April 11, 1835.

The announcement of a change of ministers will be hailed with satisfaction by every practitioner in the empire who is desirous that the cause of medical reform should be speedily carried forward to a successful result. Whatever may have been the promises of support which the corruptionists received from the Peel Ad-

ministration, it is quite certain that soon after the installation of that ministry, great were the rejoicings which resounded through the halls of our medical Colleges and the feasting committee rooms of our endowed hospitals. We knew from the first that no ministry, whatever might be its predilections for the abuses of ancient institutions, could defeat, even if it had the power to retard, the consummation of that object which the medical reformers had long held in view; and we knew, moreover, that it was impossible that a renewed assertion of the oligarchical principles which have so long disgraced the institutions of this country, however plausible may have been the pretexts for attempting their enforcement at the existing epoch of our country, could ultimately be successful. The advancement of knowledge amongst the mass of the community has given a force to the current of improvement, which will countervail every attempt that may be made by the bands of corruptionists to prevent the purifying stream of reform from flowing steadily through all our institutions, until the whole of the abuses by which their character has been disgraced, and their utility nullified, are swept away.

From the communications of correspondents, and from statements in the newspapers, we find that many erroneous opinions are in existence relative to the present position of the inquiry which was conducted last session before the Parliamentary Committee. By some it has been thought that the investigation was still continued; by others it is considered, that the inquiry has been abandoned; and not a few believe that a Bill has already been prepared by Mr. WARBURTON, and that that gentleman is about to submit such a document to the consideration of the legislature. No just ground has ever existed for any of these conjectures. Mr. WARBURTON is not a man who is easily deterred from pursuing a labour, the performance of which he is of opinion would be productive of general benefit; and he is not less remarkable for exercising a calm and steady judgment on every question that is brought under his notice. On the delivery, then, of the meagre tale of promises in the King's speech, wherein not a single reference was made to university or collegiate abuses, he no doubt considered, with the mass of reformers in the House of Commons, that the first and only object to be accomplished in that house, was the ousting, from power and authority, of men who for years had been the avowed and determined champions of abuse. Thus all the great questions have up to this hour been kept in a state of abeyance, with the exception of that great national enormity in Ireland, the votes on which have just hurled the anti-reformers from their offices,—we trust, for ever.

It is almost unnecessary, then, for us to announce that no step whatever has been taken in relation to medical affairs during the few weeks that the present session has existed. Of course, therefore, "no Bill" has been prepared with a view to the reconstruction of the statutes relating to the practice of medicine, and up to this time not even a report has been made to Parliament, founded on the medical evidence which was taken by the Select Committee during the last session. Even an analysis of the evidence has not been effected, so as to enable the chairman of the Committee to determine whether any additional testimony would be required to elucidate points that may yet be involved in obscurity. The paragraphs, therefore, which have appeared on these subjects in the newspapers, and in the pages of some of our contemporaries, are the effusions of persons whose desire to create false notices, and commit other species of mis-

chief, far exceeds their ability to accomplish such designs.*

As the inquiry before Parliament was commenced and prosecuted on the broadest possible basis, embracing as it did the three great divisions of the kingdom, the law which must ultimately be founded on the evidence adduced in that investigation will, necessarily, be extensive in its scheme, and as liberal in principle as the enlightened spirit of the age demands. Should it fail to establish a scientific mode of treating disease, to promulgate an energetic and effectual mode of conducting medical education, and to confer upon all qualified medical practitioners an uniformity of medical title as the acknowledgment of the right to practise, we know that it would altogether fail of giving satisfaction to the profession, or to any of the other well-informed members of the community. At last, from the free exposure which has been made of the abuses that exist in our colleges and hospitals, the public take a very deep interest in the satisfactory settlement of the question of medical reform, and the opinion entertained by the nation must operate with considerable effect in both houses of the legislature. If we mistake not, the executive government about to be appointed, will aid Mr. WARBURTON and the Medical Committee in prosecuting their labours to a triumphant result. What, we ask, are the feelings or interests of a few pettifogging, conceited, avaricious corporators, when compared with the interests of the public in the due maintenance of the public health? Besides, as we have often stated, medicine, taken as a branch of general education, is one of the most instructive and mind-expanding sciences which can be submitted to the grasp of the human understanding. Infinitely above all others does it communicate to us a knowledge of our own nature, and thus, morally as well as physically, does it furnish to the supreme government, aids which cannot be furnished by any other source of knowledge whatever. Those persons, therefore, who limit their view of medical reform to the correction of the anomalies that exist in medical titles—the inequalities of medical privileges, the irregularities in medical charges—treat the subject very unjustly, and without reference to its actual comprehensiveness, utility, or dignity.

But of this the public and the profession may rest assured, that neither false notions on the one hand, nor corrupt designs on the other, will prevent the Medical Committee of the House of Commons from discharging in the most satisfactory manner its duty to the nation. Under

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* The following are specimens of those paragraphs:—

"According to Mr. Warburton's Bill for the regulation of apothecaries, the latter are not to be allowed to compound medicines, but will be entitled toreceive ten-shilling fees, or as low as five shillings, if they think fit, for each visit. The medicines they prescribe are to be provided and compounded by chemists, who, previous to so doing, must undergo a rigid examination to show that they are duly qualified."—*Globe, Times*, and *Herald*.

"Mr. Warburton's Bill for the regulation of Apothecaries provides that they shall not compound medicine, but be entitled to a fee of ten shillings, or five shillings, if willing to take the latter, and the medicines which they prescribe must be had at the chemist's. It also provides that all chemists must undergo a strict examination before they are allowed to vend or compound medicines. The Bill, in fact, considers apothecaries minor physicians, who take moderate fees, but it is believed they would rather remain as they are. The alteration would be advantageous to the chemists, for there are few of them who could not undergo the examination that may be required."—*Advertiser*.

"The College of Apothecaries is about to be united with Physicians' Hall, and a clause will be introduced into the new medical Act, on the recommendation of Mr. Halford, equalizing the fees of physicians and general practitioners. Surgeons' Hall will be wholly abolished, or suffered to go to natural decay."—*Country Paper*.

such promising circumstances, then, let us hope that silly reports about "Bills" and "Apothecaries' Fees," will not deter medical reformers from forwarding to the Chairman of the Committee, accounts of whatever abuses they may know from their own experience to exist. At the same time the past conduct of the Committee must present to the mind of every honourable man a sufficient guarantee that no measure will be proposed, that no Bill will be framed, that is calculated to interfere with, or injure in the slightest degree, the established rights or vested interests of private practitioners of medicine.

THE ignorance of the non-medical portion of the press as to the condition, arrangements, and government of the profession, would be very remarkable, were it not true that the profession is, in these respects, the most medley and intricate institution in existence. We cannot for a moment wonder at the gross blunders and absurdities occasionally perpetrated in the public prints with regard to the variety, classes, and regulations of the profession and its corporations, when we recollect that a body of individuals whose education, government, and pursuits, should spring from and be guided by the ordinances of one central institution, creating one simple and single class in society, takes its origin, titles, and complexions from no less than sixteen distinct corporations and assemblies. We do not wonder, then, that our contemporaries in other departments of literature pen such extravagant nonsense as occasionally falls from them when discussing medical affairs. We only laugh at it; or are simply vexed that our position in society is so confused as to engender such ridiculous mistakes and misapprehensions amongst the rest of the community. Instances of these must constantly meet the eyes of our readers, and, therefore, need not be quoted to stimulate our professional brethren to promote, with additional eagerness, those measures which are calculated to improve their anomalous condition in the ranks of the community.

But there has been presented to our notice an instance of this ignorance which has a *shade* of strangeness in it, because the paragraph appears in a journal which makes pretensions, as a correspondent informs us, though he has concealed its name, to rank in the class of *medical* works. To tell the truth, however, we are never surprised at any thing which appears amongst the controversial articles of our contemporaries; for deviations from every principle of consistency, and breaches of every thing that is correct in fact and reasoning, are too often to be found in those portions of their contents. Such, at least, used to be the case. Latterly they may have mended. The instance in question we shall give almost without comment, for this example, and the three quoted in a note to our preceding article, are equal of themselves to a volume of remark on the state of a profession which can innocently breed such paragraphs.

We said the other day, with reference to the correspondence which has lately passed between Mr. BARNETT, of Farringdon, and the Poor-Law Commissioners,—

"In removing the objection of which Mr. Barnett complains, that gentleman may imagine, possibly, that the commissioners have rendered justice to medical practitioners generally throughout England and Wales, but the commissioners will soon hear to the contrary from *those practitioners who belong neither to the College of Surgeons in London, nor to the Apothecaries' Company in Bridge-street.*"

This plain passage was made the subject of the following comment in the journal alluded to by our correspondent;—

"Now, if by the practitioners who neither 'belong to the College of Surgeons in London, nor the Apothecaries,

Company in Bridge-street,' THE LANCET means *such as are possessed of no diploma or license from any accredited source*, but who are entitled to practise from having done so *prior to* 1815, we say that they must be," &c. &c.

"*If* THE LANCET means!" Aye, "*if*" indeed! It is obvious to the meanest capacity that this precious commentator is so little familiar with the extent and matriculation of the members of the British medical profession, that he had not, when scribbling this morsel of "leader," the most distant knowledge, or the smallest glimmering of recollection of the fact, that a very great portion of the practitioners of medicine in England and Wales consists of *Graduates of the Universities of Edinburgh and Dublin*, and *Members of the Irish and Scotch Colleges*, who belong "neither to the College of Surgeons in "London, nor to the Apothecaries' Com-"pany in Bridge-street," and whom the commentator either does not know to have any existence at all, or ranks amongst the "half-nurtured and ignorant "practitioners in our rural districts," whose "admission into office," as we learn, he a fortnight afterwards stated that he had deprecated "IN OPPOSITION TO HIS CONTEMPORARY" THE LANCET!

Dr. MATON and Sir GEORGE TUTHILL have departed this life,—each within a short period of the decease of his brother physician, each equally celebrated for the degree of professional fame he had managed to acquire without enlarging the bounds of medical science, and each somewhat distinguished for the bitter enmity which he cherished against the advancement of that science, by any alteration, in the laws and governance of the profession, which was calculated to detract from the false rank and substantial gains of himself and his fellow monopolists in the medical Colleges. Peace to their *manes*. They died without the pain of witnessing the consummation of medical reform.

By the decease of these gentlemen, the College of Physicians has sustained what is regarded amongst the Fellows as an irreparable loss. The College had selected them as its champions in the opposition to a reform in medicine, and the President and Fellows have long been accustomed to talk of Dr. MATON as their future president. In private life we are told that Dr. M. made himself a remarkably agreeable companion, and had he not entertained immoveable prejudices against the body of Licentiates, and regarded all other of his professional brethren who were beyond the pale of the College with supreme contempt, he might, it was said, have communicated with advantage a large share of that kind of knowledge which falls to the lot of all professional men of protracted experience.

A biographical notice of Sir GEORGE TUTHILL has been forwarded to us by a correspondent, which we here condense:

Sir George Tuthill died on the 7th inst., at his residence in Cavendish Square. Ten days before his death, he was attacked with cynanche tonsillaris and inflammation of the larynx, for which he was attended by Drs. Warren and Watson. Sir Henry Halford and Mr. Lawrence were subsequently called in, and on Tuesday at noon, at Sir George's own request, tracheotomy was attempted as a last hope. So great, however, was his debility, that it was not deemed expedient to puncture the windpipe, and he expired at two o'clock.

"He was for many years physician to Bethlehem and Westminster Hospitals, and was highly esteemed among his colleagues. He was a skilful practitioner of the old school, but of late years more particularly devoted himself to diseases of the brain, whence his name was generally included in the commissions *de lunatico inquirendo*. His entrance upon practice was considerably delayed by the following circumstance. Having graduated at Cambridge, he proceeded to Paris with his wife, just at the commencement of the war with France, and was consequently included among the *detenus* at that period. After several years of confinement his

companion in misfortune was recommended to appeal to the First Consul's generosity for release. Accordingly, supplied with a memorial, she encountered Napoleon on his return from hunting, and respectfully presented her petition. The result was a gallant compliment, and compliance with the request, and in a few days they left France.

Mr. CURTIS, who, we supposed, had rung every possible change, as an author, on the sight and hearing as subjects of discussion,—who has issued works on the Ear and the Eye, and the Eye and the Ear, on the Blind and the Deaf, on the Dumb and the Blind, and on the Dumb, Deaf, and Blind, until no further involution of the visual and auditory organs and their diseases seemed capable of invention, for a title,—Mr. Curtis has produced one more variation of his favourite terms, and has issued a "Synoptical Chart of Diseases of the Ear, showing *at one view**, their order, classification, seat, symptoms, causes, and treatment." The chart is beautifully printed, and is surrounded with a border as fine as fancy could make it, and we have no doubt that it will assist to enhance the great fame which Mr. Curtis has already acquired by the unwearied industry with which he has kept his name as an aurist and an oculist before the public; but this, in honesty, is the only light in which we can regard the production. Its contents, however, are cleverly put together.

CORRESPONDENTS.

At the express wish of Mr. Perry we pass judgment on some of his "Perryian Pens." Metallic pens are objectionable to those who write much, from this fault, that generally they will not mark at all. The last "patent" of Mr. Perry partly remedies this important deficiency. The pens he has sent us expend their ink, and glide on paper, almost as fluently as quills. For rapid writing, however, nothing equals the quill.

The fictions of *S. I.* have not deceived us. What is the object of the shallow inventor?

To our friend *G. R.* we observe in this place that we think Mr. ——— entitled by all the laws of Editorial courtesy to protection against the severe remarks of Mr. E. Moreover, their insertion would entail upon us a reply, and then most probably a rejoinder, and then a second reply, to the advantage of no party, and the correction of no public abuse.

Mr. Humphrey.—It is not likely that one of the cauterising instruments is yet to be seen in London. Most probably the description will lead to the manufacture of some for trial in England, if none be imported.

* This recommendation in literary productions always reminds us of the showman's cry—"All to be seen the moment you enter! No one kept waiting a minute!"

BOOKS RECEIVED.

The Oration delivered before the Medical Society of London, at their 62nd Anniversary, March 9, 1835. By W. C. Dendy, M.R.C.S., &c., London, 8vo. pp. 31.

Principles of the Treatment of Gout; with a further examination of the effects of Colchicum as a remedy; and some observations on the use of Veratria in that disease. By Sir Charles Scudamore, M.D. London, Longman, 1835, 8vo, pp. 54.

Consumption, why so Fatal? What are the means by which it can be prevented or arrested? The above queries solved in an intelligible manner. By John Tyrrell. London, Renshaw, 1835, 8vo. pp. 112.

A History of British Fishes. By William Yarrell, F.L.S. Illustrated by woodcuts of all the species, and numerous vignettes. London, J. Van Voorst. Part 1.

Life Tables, founded upon the Discovery of a Numerical Law, regulating the existence of every human being. Illustrated by a new theory of the causes producing Health and Longevity. By T. R. Edmonds, B.A. late of Trin. Coll. Cam. London, Duncan, 1832. Royal 8vo. pp. 38.

The Constitution of Man considered in relation to external objects. By George Combe. 2nd. Edit., corrected and enlarged. Edinburgh, Anderson, 1835, pp. 446.

Chemical Attraction, an Essay in five chapters, with an historical introduction and several illustrative tables. By G. L. Hume, of Corpus Christi Coll., Cambridge. London, Whittaker, 1835, 8vo. pp. 178.

The Marriage Almanack: or Ladies Perpetual Calendar, in which every day of the year is marked with reference to three important epochs. From the German of Dr. A. F. A. Desberger, of Erfurt. With additions by an English Physician. London, Schloss, 1835, pp. 55.

ERRATUM.—In leader last week, page 18, line 21, *for* partial charges *read* partial changes.